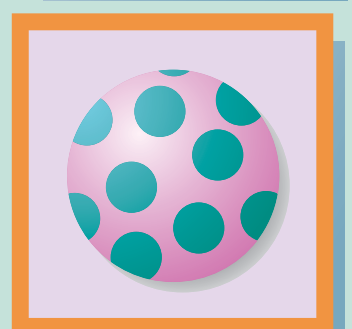
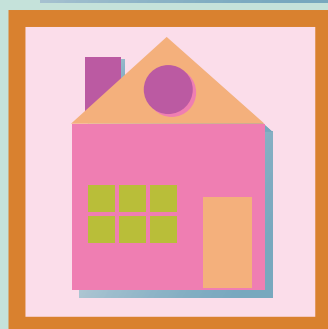
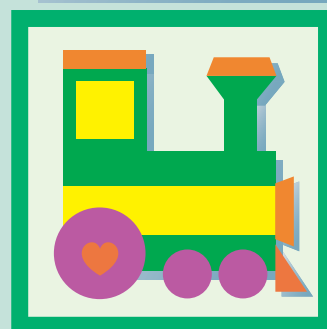
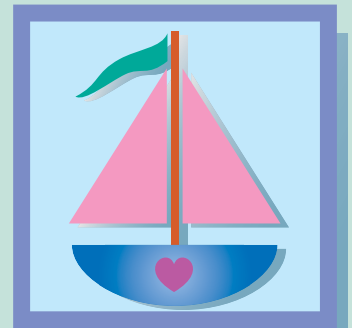
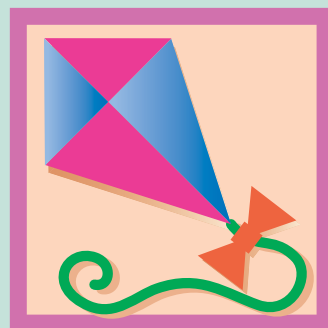
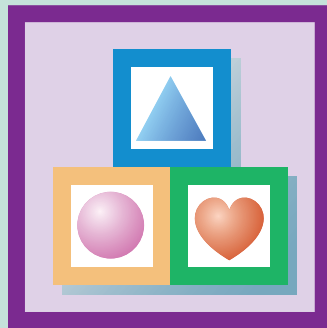




# PRAMS Surveillance Report Alabama 2004

**Alabama  
Department  
of Public  
Health**

**Center for  
Health  
Statistics**



# **PRAMS Surveillance Report Alabama 2004**

**This publication was produced by:  
DIVISION OF STATISTICAL ANALYSIS  
CENTER FOR HEALTH STATISTICS**

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**December 2006**

## ACKNOWLEDGEMENTS

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a surveillance system of new mothers and is supported by the Centers for Disease Control and Prevention (CDC) under cooperative agreement number U50/CCU407103.

The PRAMS staff at CDC contributed greatly to the success of the Alabama PRAMS project. We would especially like to acknowledge the assistance of our project managers, Ayanna Harrison and Cheryl Prince. The contents of this report are solely the responsibility of the authors and do not necessarily represent the official views of CDC.

Alabama PRAMS staff responsible for the collection and analysis of data in this report include; Dorothy Harshbarger, PRAMS project director, Albert Woolbright, director of the Statistical Analysis Division, Leigh Ellen Sanders, PRAMS grant administrator, Yvonne Fountain Paul, PRAMS data manager, and Carol Ann Dagostin, PRAMS coordinator and research analyst.

# PRAMS SURVEILLANCE REPORT

## ALABAMA 2004

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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 currently 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 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 56,359 live births which occurred in Alabama in 2004 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 2004, 1,257 questionnaires were completed from 2,010 sampled. The overall **unweighted** response rate was 62.5 percent, and the **weighted** response rate was 64.2 percent. Because the CDC requires an overall weighted response rate of 70 percent to insure data is of the highest quality, caution should be used in interpreting data reported from 2004.

This year, 95% confidence intervals have been included in the analyses. Line graphs of the major topics have been included to identify trends and to determine progress in objectives of interest. These trend charts may be useful to programs that are interested in PRAMS data.

## 2004 PRAMS Surveillance Report Highlights

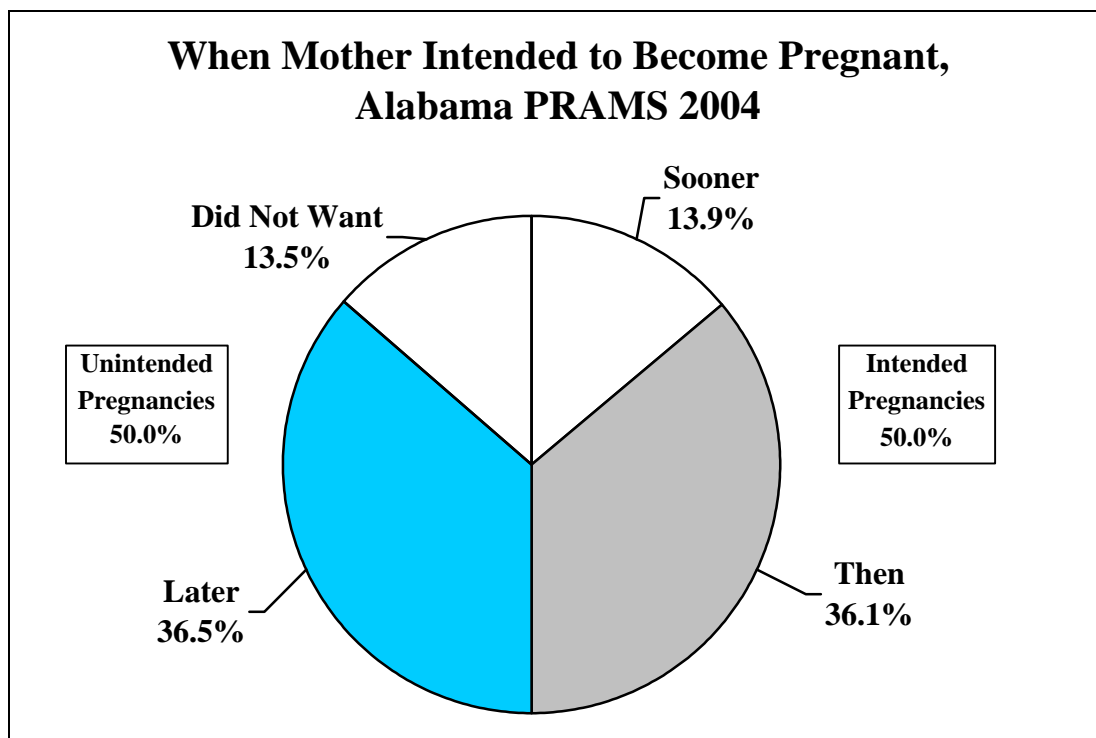
- 50.0 percent of Alabama births in 2003 were unintended.
- 63.8 percent of Alabama mothers did not take any multivitamins before becoming pregnant.
- In 2004, 26.3 of Alabama mothers reported have a urinary tract infection (UTI) during pregnancy.
- 17.5 percent of Alabama mothers indicated they continued smoking during pregnancy.
- In 2004, 5.8 percent of Alabama mothers drank alcoholic beverages on a weekly basis during the last three months of pregnancy.
- 73.7 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.
- 58.2 percent of Alabama mothers, the highest percentage in eleven years, participated in the Supplemental Food Program for Women, Infants, and Children (WIC) during pregnancy.
- In 2004, 60.0 percent of Alabama mothers initiated breastfeeding their infants.
- 56.4 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), 91.9 percent of mothers were using some form of birth control.
- 39.6 percent of Alabama mothers reported they moved to a new address during their pregnancy.
- 14.0 percent of Alabama mothers reported they *always or almost always* felt down, depressed, or hopeless since the birth of their baby. 30.0 percent reported feeling this way *sometimes or on rare occasions*.
- In 2004, 11.1 percent of Alabama mothers reported being *diagnosed* by their doctor or health care worker with depression since the birth of their infant.
- 34.9 percent of Alabama mothers reported having a dental cleaning during their pregnancy.
- 52.6 percent of Alabama mothers most often lay their babies on their backs for sleeping.
- In 2004 in Alabama, only 22.5 percent of mothers *never* allow their infant to co-sleep or share a bed with themselves or another person. 36.7 reported they *always or almost always* allow their infants to co-sleep.



## Mothers' General Comments

- “I love her more than anything in the world. It’s amazing how much you can love someone the first time you hold them.”
- “During my entire pregnancy, I felt fine, no major problems to complain about. My doctor and his staff did a wonderful job on delivering my baby which she came at 3 months early and she was very precious to us. She passed away in her sleep...”
- “I am a teacher and feel like someone should talk to new parents about the importance of reading to their infants.”
- “Mothers who have preterm babies need that extra emotional support from family and friends as well as being educated on preterm babies.”
- “I think every parent should work together to raise their children in a respectful way...”
- “Being pregnant you have to take care of yourself, eat the right food and don’t worry about anything.”
- “I think that all pregnant mothers should keep all doctors appointments and go the Doctors visits regulary.”
- “I would like to help as many mother’s and babies as I can.”
- “I hope the mothers in Alabama have a healthy baby boy or girl like I did.”
- “My baby was 9 weeks premature. No reason she was coming no matter what. Praise the Lord!”
- “Keep pushing breast feeding and no smoking.”
- “Giving a Life is special, but giving two is a BIG BLESSING.”
- “Eat as much healthy food as you can while you are pregnant.”
- “Too many preteen and teenage girls are having babies! The schools need more sex-ed classes.”
- “ Be safe and always thinks before you act.”
- “I think one of the reasons some babies are born unhealthy is that they can’t get the care they need.”
- “My baby is such a blessing. I love being a mother. I know that I would be lost without my new baby!”
- “Being pregnant and becoming a mother is the most wonderful thing that could happen to a women.”

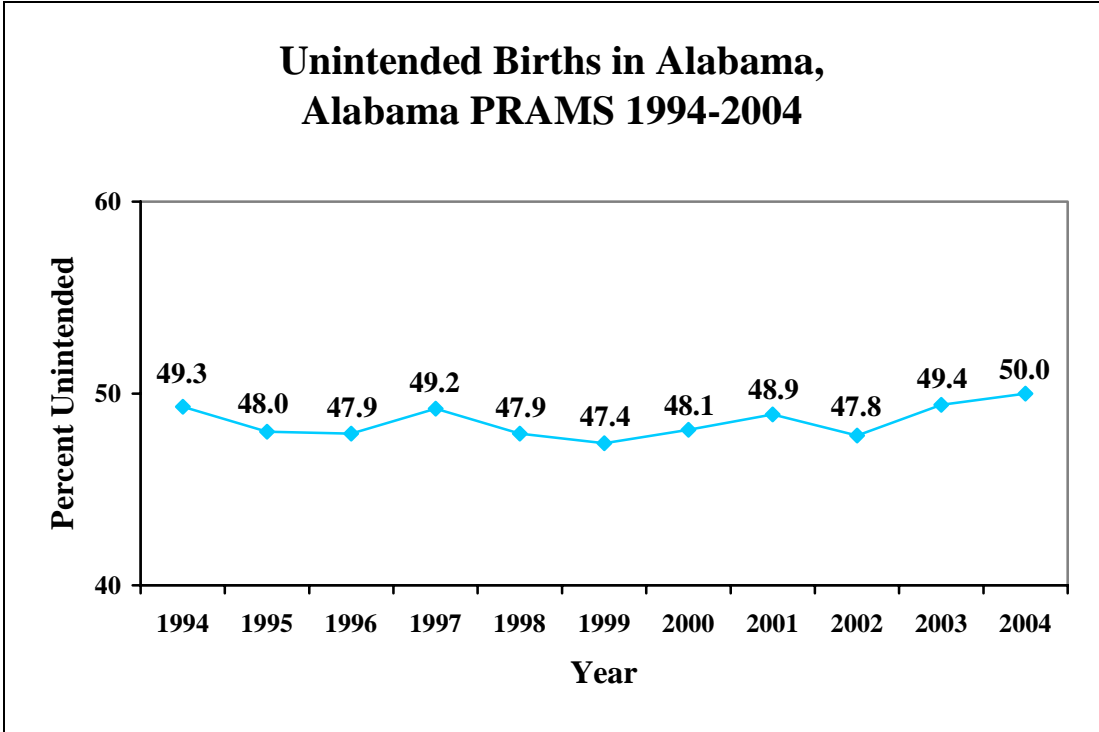
# **INTENDEDNESS OF BIRTHS**



(Question #10 of the PRAMS Survey)

Pregnancies that are unwanted or mistimed are an important health care issue. The health of the infant is directly affected by the mother's attitude, behaviors, and experiences during the pregnancy. In 2004, half of Alabama mothers reported their pregnancies as *unintended*. Over one-third of these women said they wanted to be pregnant *later* (36.5 percent), and 13.5 percent said they did not want to be pregnant then or at any time in the future. On the other hand, 50 percent of Alabama mothers reported either wanting to be pregnant *then* (36.1 percent) or even *sooner* (13.9 percent). 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 goal.

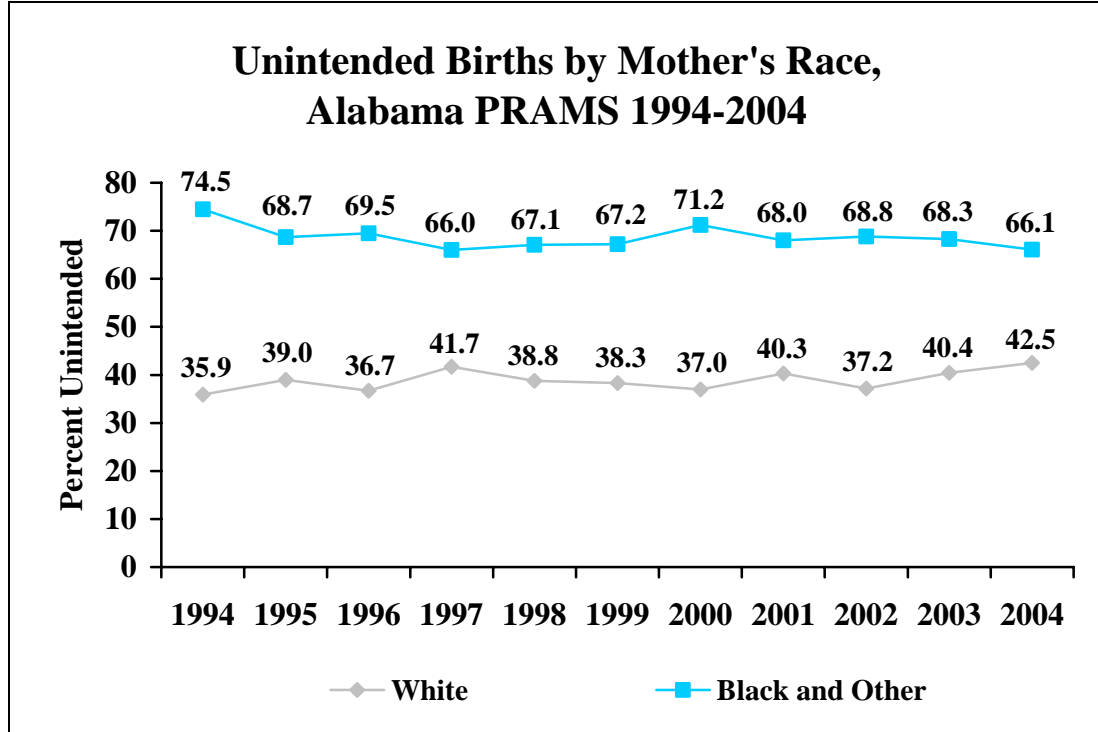
95 % Confidence Intervals						
Intention	Sooner	Then	Later	Did Not Want	Intended	Unintended
Percent	11.6-16.6	32.8-39.6	33.2-40.0	11.1-16.3	46.5-53.5	46.5-53.5



(Question #10 of the PRAMS Survey)

During the past eleven years, the highest percentage of unintended pregnancies occurred in 2004 at 50.0 percent. The difference from year to year has not been statistically significant.

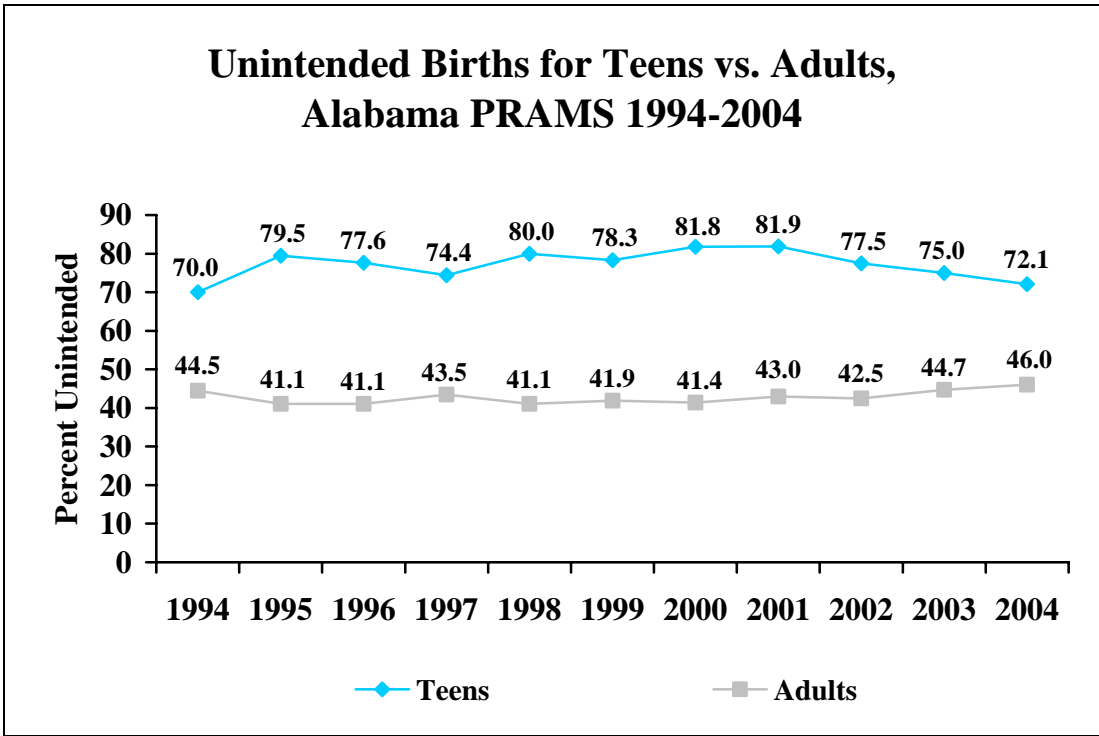
95 % Confidence Intervals											
Year	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
<b>% Unintended</b>	46.4-52.2	45.0-51.0	45.1-50.8	46.2-52.2	44.9-50.9	44.3-50.5	45.2-51.1	46.0-51.7	44.8-50.8	46.3-52.5	46.5-53.5



(Question #10 of the PRAMS Survey)

For the past eleven years, the percentage of unintended births has been considerably higher among black and other race women than among white women, but from 2000-2004, the percentage of unintended births decreased by 7.2 percent among black and other women. Conversely, the percentage of unintended births increased by 14.2 percent from 2002-2004 among white women. The percent change in both populations is not statistically significant.

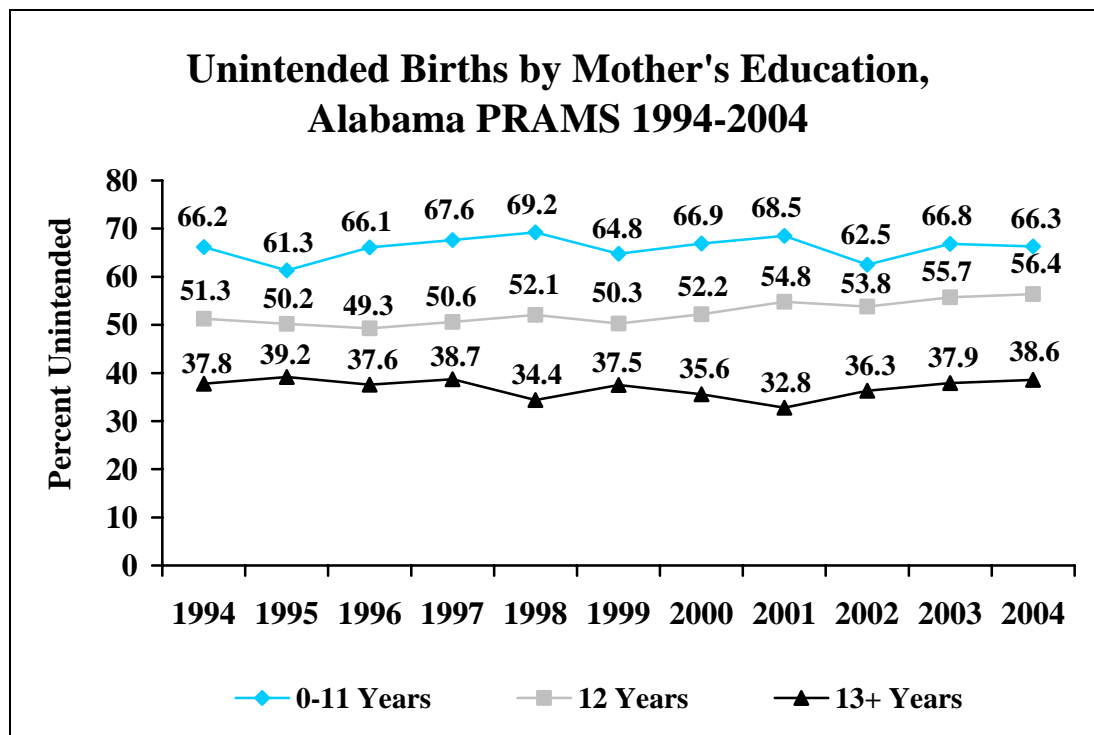
95 % Confidence Intervals											
Year	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
<b>White</b>	32.3-39.5	35.4-42.6	33.3-40.1	38.1-45.3	35.2-42.4	34.5-42.1	33.3-40.6	36.7-43.9	33.6-40.8	36.6-44.3	38.3-46.8
<b>Black &amp; Other</b>	69.8-79.1	63.3-74.1	64.6-74.4	60.6-71.3	61.6-72.6	62.0-72.4	66.3-76.1	63.1-72.9	63.9-73.7	62.9-73.3	59.7-71.9



(Question #10 of the PRAMS Survey)

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. From 2001 through 2004, a decrease of 12 percent in the percentage of unintended pregnancies among Alabama’s teenagers was seen. Conversely, the highest percentage in eleven years of unintended pregnancies among adult women was reported in 2004, but the percent difference in either age group was not statistically significant.

95 % Confidence Intervals											
Year	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
<b>Teens</b>	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	63.5-79.3
<b>Adults</b>	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	42.3-49.9

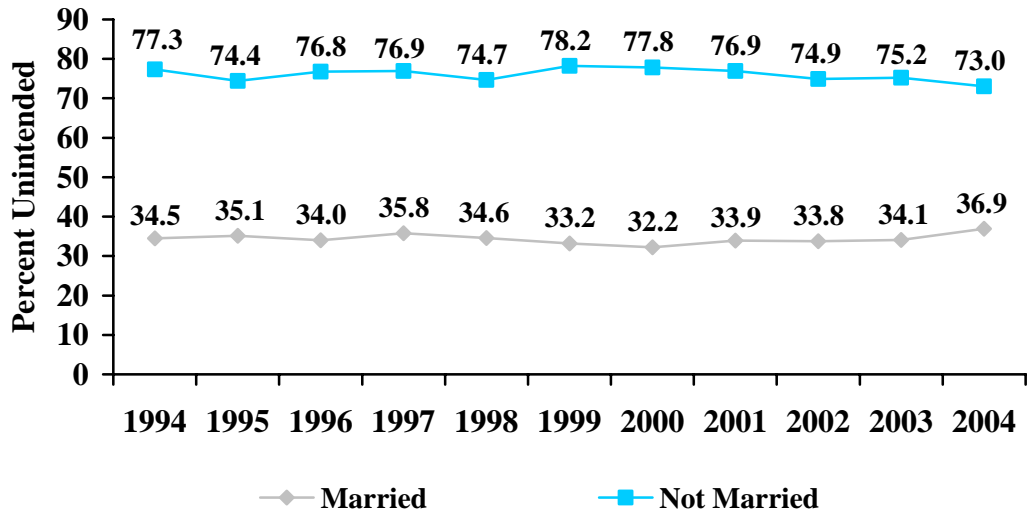


(Question #10 of the PRAMS Survey)

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. However in 2004, a slight increase in unintended pregnancies was reported among women with the higher levels of education, and a slight decrease was seen among women with the lowest level of education. None of these changes were statistically significant.

95 % Confidence Intervals											
Year/ Education	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
<b>0-11 yrs.</b>	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	58.2-73.6
<b>12 yrs.</b>	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	49.9-62.6
<b>13 plus yrs.</b>	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	33.8-43.7

### Unintended Births by Marital Status, Alabama PRAMS 1994-2004

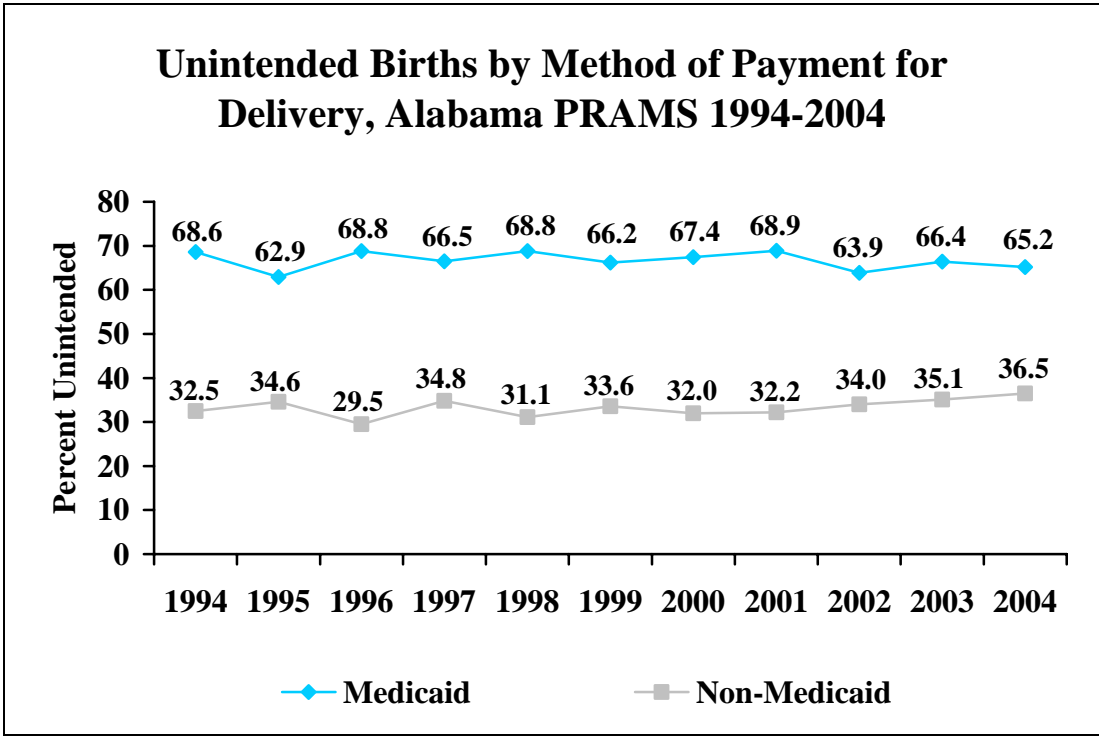


(Question #10 of the PRAMS Survey)

The percent of unintended births to unmarried women was about twice that of married women in 2004. 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. In 2004, neither the 2.9 percent decrease of unintended births among unmarried women nor the 8.2 percent increase of unintended births among married women was statistically significant.

95 % Confidence Intervals											
Year/ Marital Status	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
<b>Married</b>	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	32.8-41.3
<b>Not Married</b>	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	67.3-78.0

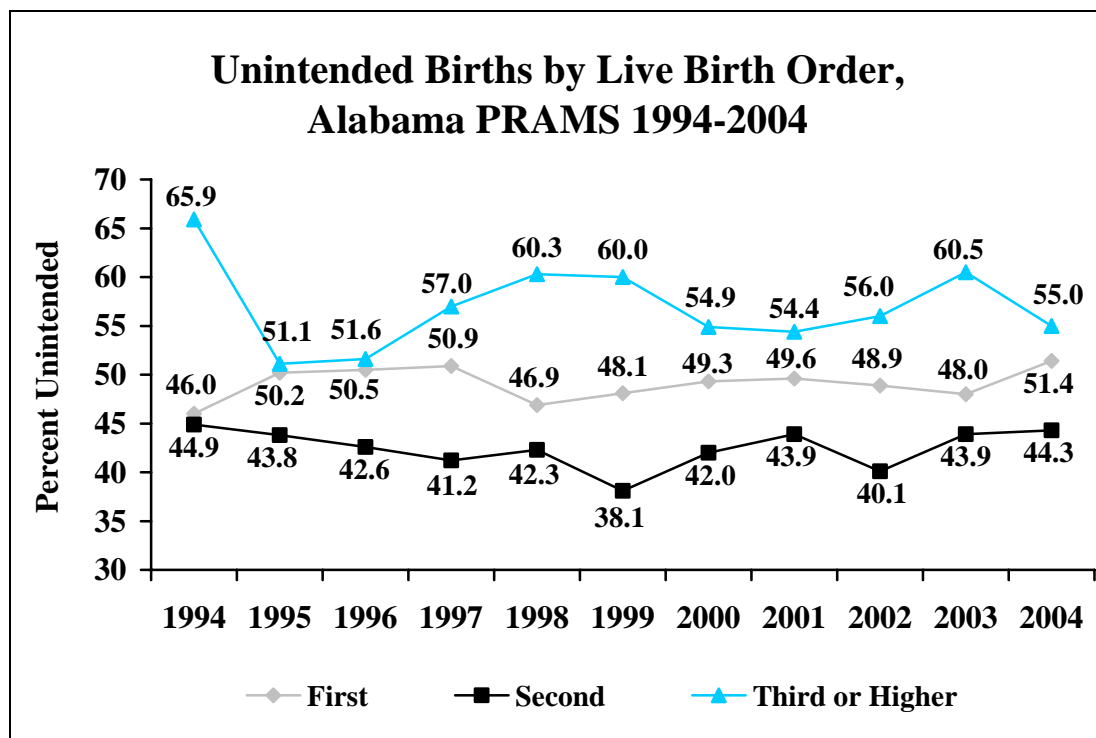




(Question #10 of the PRAMS Survey)

In 2004 in Alabama, two out of three births to women on Medicaid were unintended compared to one out of three 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 since 1994.

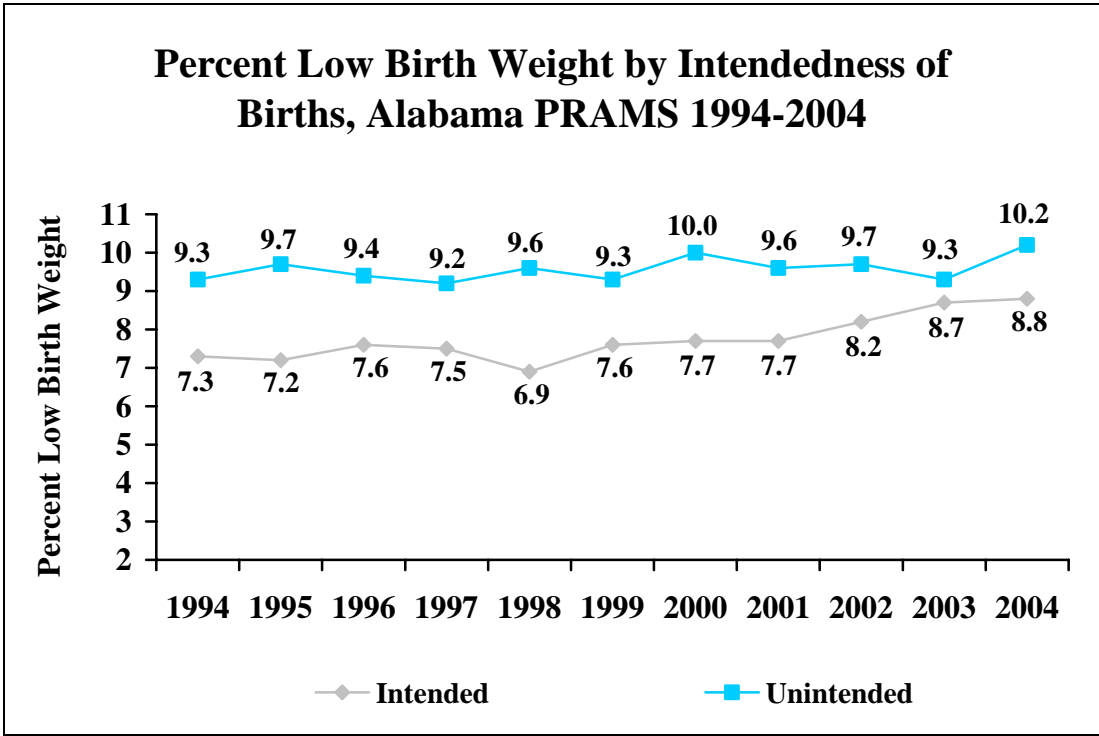
95 % Confidence Intervals											
Year/ Payment	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Medicaid	64.4-72.7	58.6-67.2	64.8-72.8	62.3-70.6	64.5-73.0	61.8-70.7	63.3-71.5	64.9-72.8	59.7-68.0	62.0-70.6	60.3-69.7
Non-Medicaid	28.4-36.7	30.3-38.9	25.4-33.5	30.5-39.0	26.9-35.3	29.3-37.9	27.8-36.3	28.1-36.3	29.7-38.3	30.8-39.7	31.5-41.7



(Question #10 of the PRAMS Survey)

The percent of unintended births was lowest among mothers who had given birth to their second child, meaning second births are most likely to be planned. In 2004, 55.0 percent of mothers having their third or higher birth order child were unintended, 9.1 percent lower than in 2003. Over half of mothers having their first child were reported unintended. None of the changes in 2004 were statistically significant.

95 % Confidence Intervals											
Year/ Birth Order	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
<b>First</b>	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	46.1-56.7
<b>Second</b>	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	38.3-50.6
<b>Third +</b>	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	47.4-62.3



(Question #10 of the PRAMS Survey)

Low birth weight is defined as birth weight of less than 2,500 grams or 5 lbs. 8oz. Infants delivered at this weight are at increased risk of death during their first year of life or life long disabilities. Of births reported as unintended in 2004, 10.2 percent were low weight births, up by 9.7 percent from 2003. Of intended births, the percentage of low weight births was also slightly increased in 2004. Neither of these increases is considered statistically significant.

95 % Confidence Intervals											
Year/ Intention	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
<b>Intended</b>	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	8.0-9.7
<b>Unintended</b>	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	9.2-11.2

## Mothers' Intendedness Comments

- “Even though my baby was not planned doesn’t mean that I don’t love and take care of him any less...”
- “I was so happy to be pregnant. I had been trying for 15 years. I hope to get pregnant again.”
- “We were careless a few times.”
- “I was excited and hoped everything was OK with the baby. I remember waiting for my first visit to the Doctor...”
- “My husband and I didn’t try to use anything. Didn’t mind the consequences.”
- “We wanted 3 kids close together.”
- “Lord ordains children. He places them at the right time & that’s what he did.”
- “I didn’t want to be pregnant with twins.”
- “I struggled with infertility. I did invitro fertilization.”
- “We were not trying [to get pregnant] so with our history we did not think it would happen- But what a blessing he is!”
- “During my pregnancy, I read everything I could about pregnancy and fetal development.”
- “Having a baby isn’t fun so you really have to want a baby.”

To the questions:

Thinking back to *just before* you got pregnant with your *new* baby, how did you feel about becoming pregnant?

- “...had given up.”

When you got pregnant with your new baby, were you trying to get pregnant?

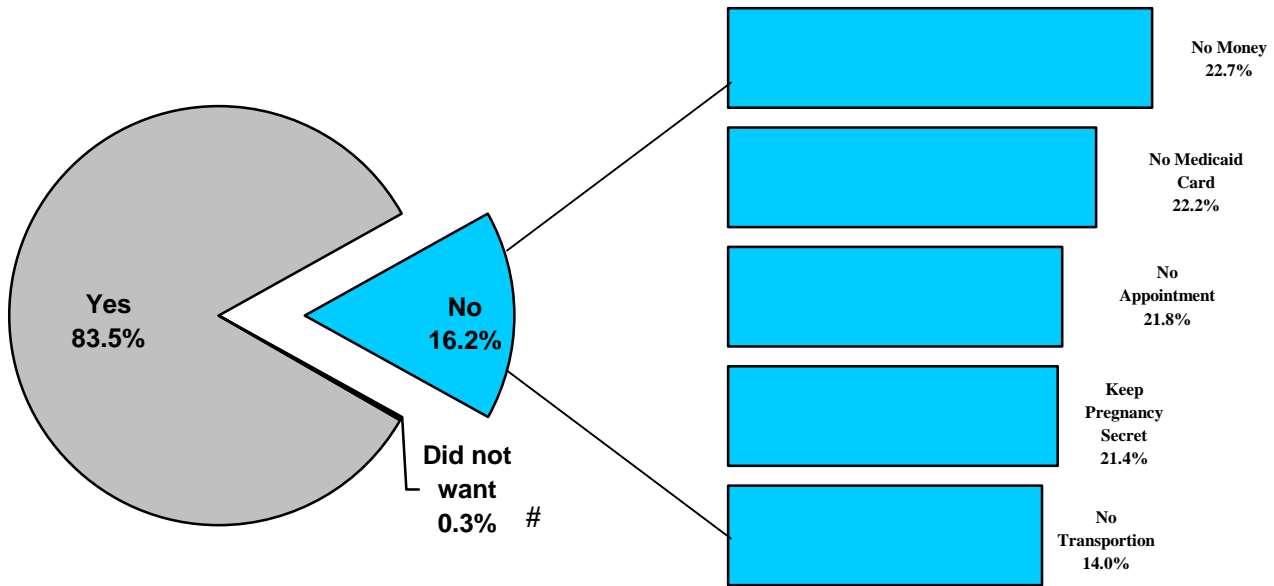
- “not at the time but wanted to later”
- “...no”



# **PRENATAL CARE**

## Prenatal Care Received as Early as Mother Wanted, Alabama PRAMS 2004

### Reason Care Not Received Early\*



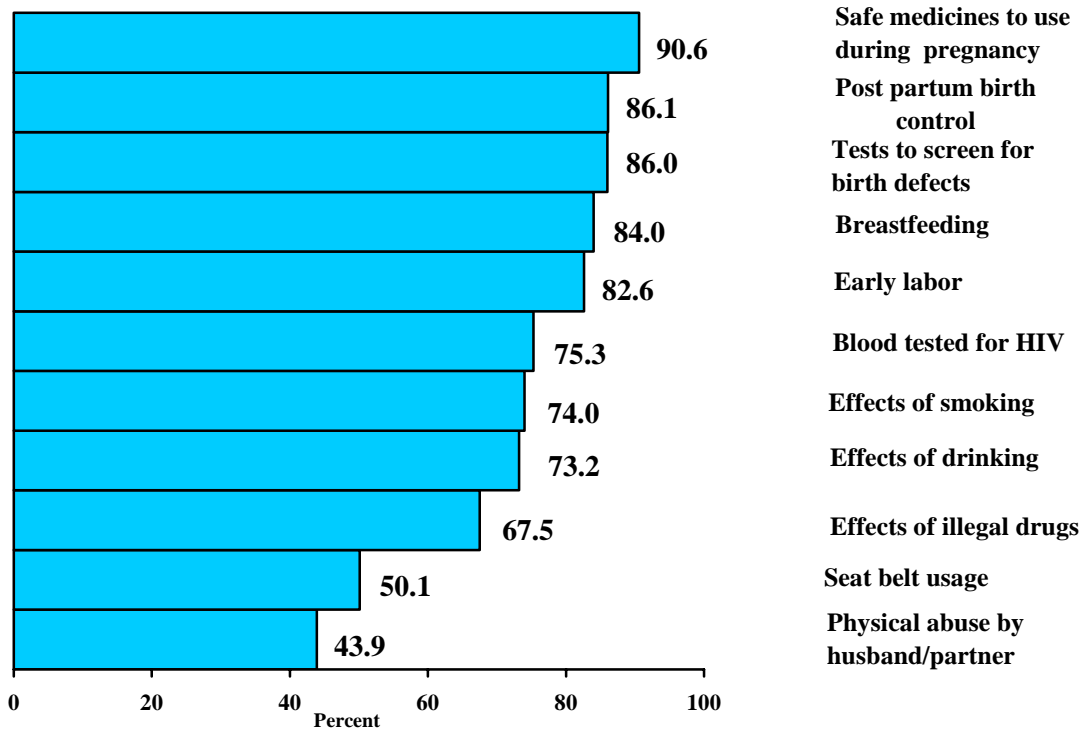
\*Items not mutually exclusive, therefore percentages will not equal 100. # number of respondents is less than 20.

(Questions 17 & 18 of the PRAMS Survey)

Early and adequate prenatal care are critical in detecting problems that arise during pregnancy and treating them before they become serious or life-threatening. In 2004, 16.2 percent of Alabama mothers reported they did not get prenatal care as early as they wanted. Barriers which hindered them included: money to pay for the prenatal care visits, no Medicaid coverage yet, not able to get an appointment early, trying to keep their pregnancy a secret, and no transportation available for doctor visits.

95% Confidence Intervals								
Early PNC	Yes	No	Did Not Want	No Money	No Medicaid	No Appt.	Secret	No Trans.
%	80.7-86.0	13.7-18.9	0.1-1.5	16.2-30.9	15.6-30.5	15.2-30.2	14.8-30.0	8.6-21.8

### Topics Discussed During Prenatal Care Visits, Alabama PRAMS 2004



(Question 20 of the PRAMS Survey)

Mothers were asked if a doctor, nurse, or health care worker talked with them about the above topics during any of their prenatal care visits. In 2004, nine out of ten Alabama mothers reported being informed about safe medications to take during their pregnancies. Eight out of ten mothers reported discussions about post partum birth control, screening tests for birth defects or diseases which run in their families, breastfeeding, and what to do if premature labor occurs. Only 50 percent reported any discussion on seat belt usage during pregnancy, and approximately 40 percent of Alabama’s mothers reported having a discussion about physical abuse by a husband or partner.

#### 95% Confidence Intervals

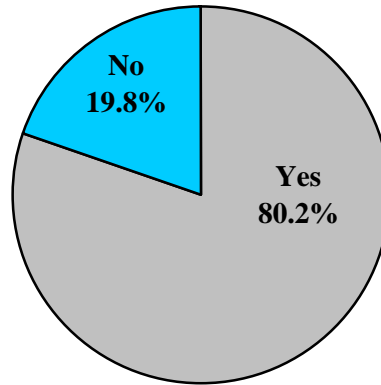
Topics	Safe Medicines	PP Birth control	Birth defects	Breastfeeding	Early labor
Percent	88.3-92.5	83.5-88.3	83.3-88.3	81.2-86.4	79.7-85.2

#### 95% Confidence Intervals

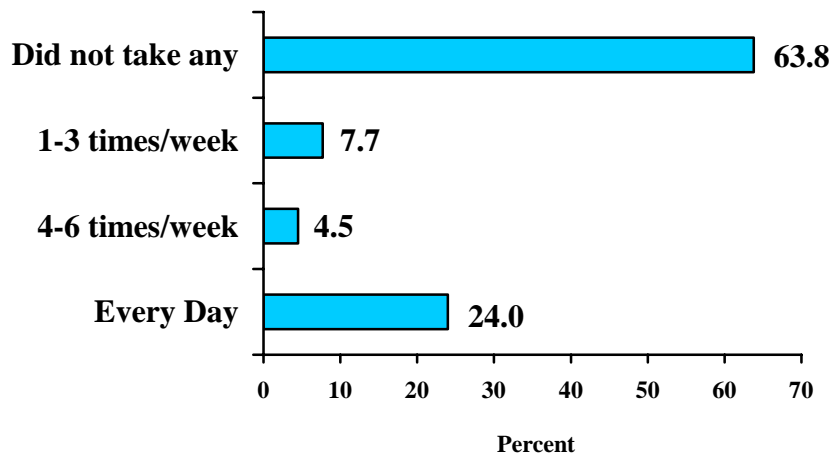
HIV testing	Smoking	Drinking	Illegal drug usage	Seat belt usage	Physical abuse
72.1-78.2	70.7-77.0	70.0-76.3	64.2-70.8	46.5-53.7	40.5-47.3



**Knowledge of Folic Acid, Alabama PRAMS 2004**  
**Question 22: Have you ever heard or read that taking the vitamin folic acid can help prevent some birth defects?**



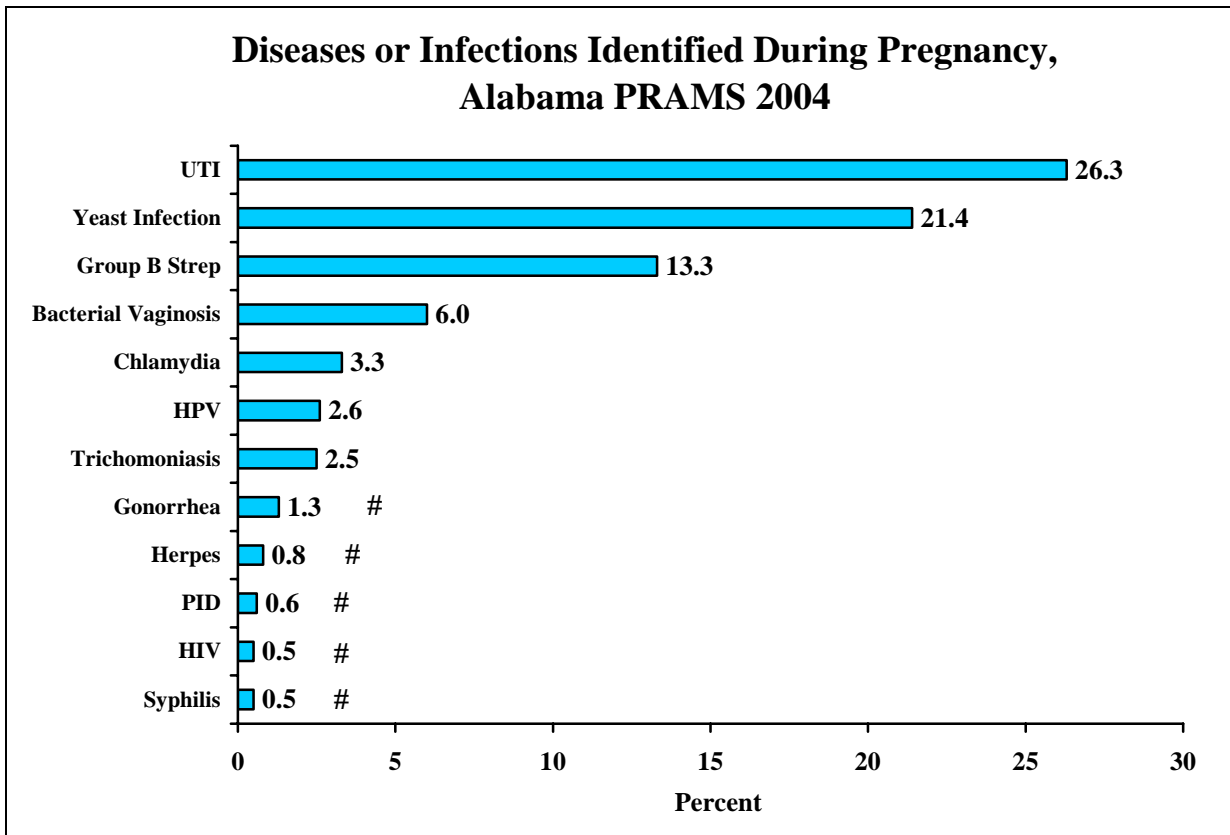
**Percent of Mothers Who Took a Multivitamin Before Pregnancy, Alabama PRAMS 2004**



(Question 3 of the PRAMS Survey)

Studies have shown that women who consume 400 micrograms of folic acid daily *before* becoming pregnant can greatly reduce the incidence of neural tube defects, such as spina bifida and anencephaly, in their infants. In 2004, eight out of ten Alabama mothers reported they had either read or heard that taking folic acid could help prevent some birth defects, but this knowledge was not translated into action. Almost 64 percent of mothers took no multivitamins (contains the required amount of folic acid) the month before their pregnancy occurred. Only one in four Alabama mothers consumed a daily multivitamin during the month prior to becoming pregnant.

95% Confidence Intervals						
Questions	Knowledge? Yes	Knowledge? No	None Taken	1-3 times/wk.	4-6 times/wk.	Taken Daily
Percent	77.2-82.8	17.2-22.8	60.4-67.1	6.0-9.9	3.2-6.2	21.1-27.1



(Question 64 of the PRAMS Survey) # number of respondents is less than 20.

Pregnant women are not immune from having sexually transmitted diseases (STDs), and some STDs can seriously affect the health of the mother as well as the baby. Early labor, premature rupture of the membranes, and pelvic infections can occur in women infected with some STDs. HPV (human papilloma virus) is associated with cervical cancer. Gonorrhea, chlamydia, hepatitis B, and genital herpes can be passed from mother to infant during delivery. Conjunctivitis, low birth weight, neonatal sepsis, blindness, deafness, liver disease, and death can result in infants of women infected with certain STDs.

Mothers were asked, “During your most recent pregnancy, did a doctor, nurse, or other health care worker tell you that you had any of the following diseases or infections?” One in four Alabama mothers were told they had a UTI or a urinary tract infection. One in five women experienced a yeast infection. Thirteen percent of Alabama mothers reported having a positive test for Group B Strep, which can cause infections in newborns.

95% Confidence Intervals						
Infection	UTI	Yeast	Group B Strep	Bacterial vaginosis	Chlamydia	HPV
Percent	23.2-29.6	18.6-24.5	11.0-16.0	4.4-8.1	2.2-4.9	1.6-4.1

95% Confidence Intervals					
Trichomoniasis	Gonorrhea	Herpes	PID	HIV	Syphilis
1.6-4.0	0.6-2.5	0.4-1.7	0.3-1.5	0.2-1.4	0.2-1.4

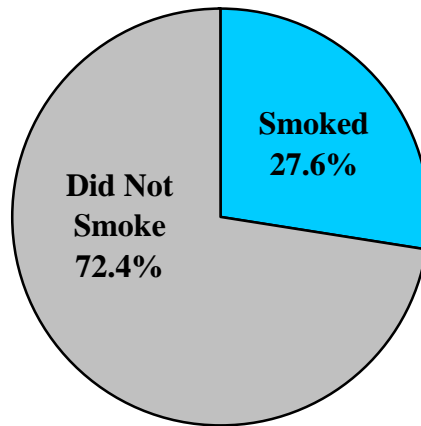
## Mothers' Prenatal Care Comments

- “Give the mothers info on high blood pressure & stress during pregnancy. Nutrition and substance abuse will be useful also.”
- “I want to stress the importance of prenatal care during pregnancy.”
- “I believe women need to know and be told more about preeclampsia...”
- “I was homeless and wasn't thinking about prenatal care until I established a home.”
- “As soon as you find out that your are pregnant make a doctor appointment.”
- “Watch what you eat, take good care of yourself, don't get stressed out, take your prenatal vitamins”
- “I was sort of shocked that ultra sounds are so few and far between.”
- “If any pregnant woman is a high risk patient, it should be a law to see a special doctor.”
- “Actually, reading books and pamphlets is where I answered a lot of my questions.”
- “I also had Group B Strep and although neither my baby or myself had any problems, it can be a very serious infection. I had 2 doses of IV antibiotics during labor, but the baby still had to be watched for 48 hrs. and they said she could develop complications for 2 months. This needs to be discussed w/ mothers before delivery.”
- “Didn't go for prenatal care.”
- “I felt like I, as the patient, had to ask all the questions during my OB visits.”
- “I was unaware that women of child bearing age should take folic acid for their babies. Wish I had known.”
- “I believe prenatal education is so important and helpful.”
- “Mothers should know more about prematures it could happen to any mother.”
- “I just wanted to say if you think you're pregnant please go get prenatal care as soon as possible. I waited and I didn't know till I went for an ultrasound that I was pregnant with twins and feel like maybe if I would have been taking vitamins in the first weeks of the development I would have had both of my babies and not just one.”
- “Vitamins and prenatal care are very important. There need to be more done to teach preventative methods to those who are unable to care for their children and needs to use birth control.”

# **NEGATIVE HEALTH BEHAVIORS:**

## **SMOKING AND DRINKING**

**Smoked 100 Cigarettes or More in Past 2 Years,  
Alabama PRAMS 2004**



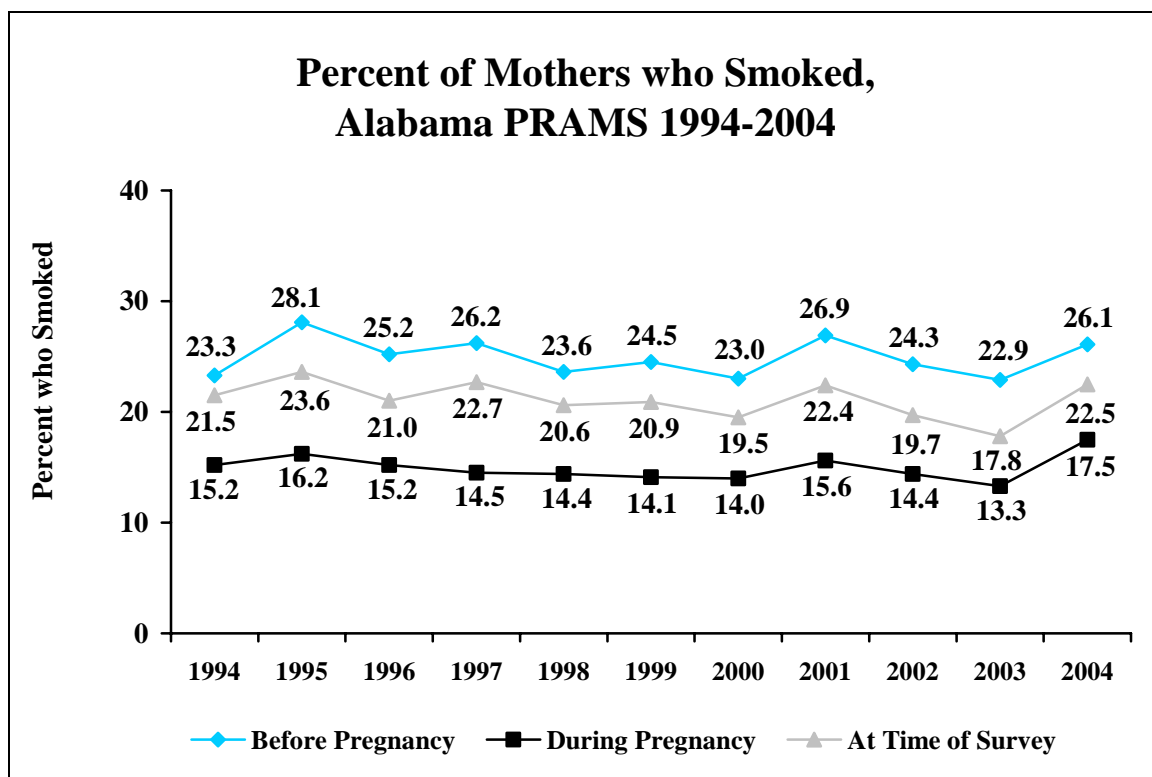
**(Question 27 of the PRAMS Survey)**

The Centers for Disease Control and Prevention (CDC) have reported that, “ Smoking during pregnancy is the single most preventable cause of illness and death among mothers and infants.”<sup>1</sup> They report that pregnant women who smoke are at increased risk of having an ectopic pregnancy or a miscarriage, and that approximately 8 percent of infants who die within a week after birth expire due to conditions caused by maternal smoking during pregnancy. Infants born to mothers who smoked while pregnant are more likely to be low birth weight infants, that is, less than 2,500 grams, and may experience lifelong health problems.

In 2004, when Alabama mothers were asked if they had smoked 100 cigarettes or more in the past two years, 27.6 percent answered ‘Yes’.

<b>95% Confidence Intervals</b>		
<b>Smoking Status</b>	<b>Smoked</b>	<b>Did Not Smoke</b>
<b>Percent</b>	<b>24.6-30.9</b>	<b>69.1-75.4</b>

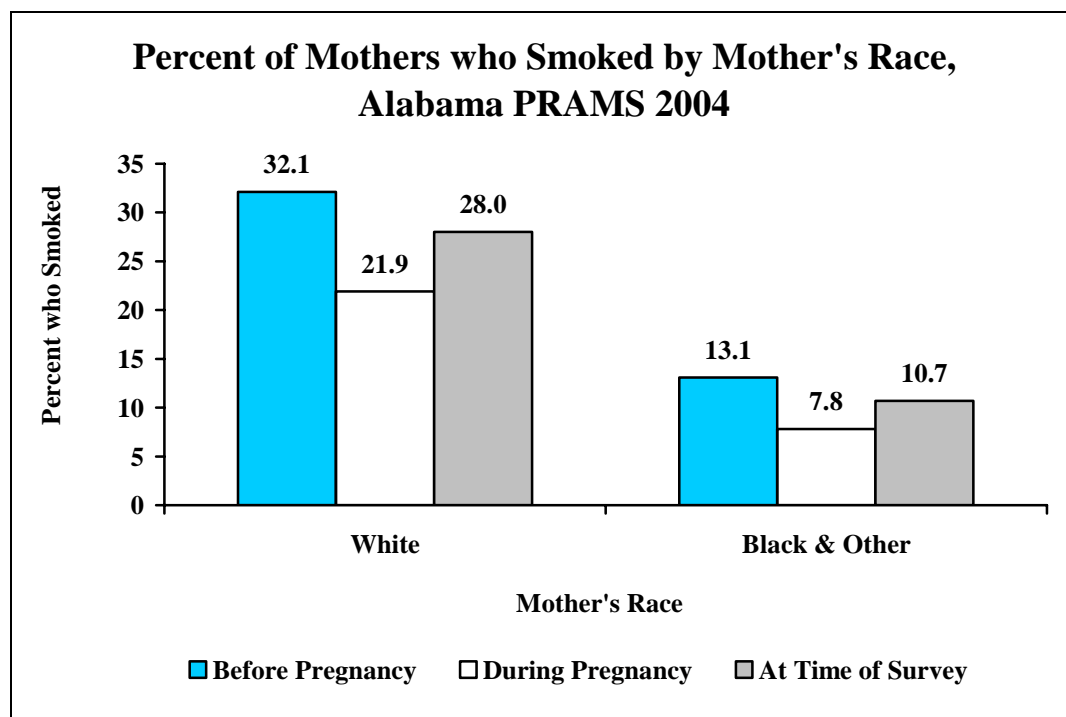
<sup>1</sup> The Centers for Disease Control and Prevention (CDC). Chronic Disease- Preventing Smoking During Pregnancy. <http://www.cdc.gov/nccdphp/publications/factsheets/Prevention/smoking.htm>. Found May 3, 2006.



(Questions 28, 29, & 30 of the PRAMS Survey)

The Healthy People 2010 Objective is to increase abstinence from cigarette smoking by pregnant women to 99 percent. Alabama is not close to achieving this goal. Historically in Alabama, smoking decreases during pregnancy in the majority of women, only to increase again after the birth of their infants. This pattern was repeated in 2004, although 17.5 percent of Alabama mothers continued to smoke while pregnant. In 2004, the increases in smoking seen during the three time periods were not statistically significant.

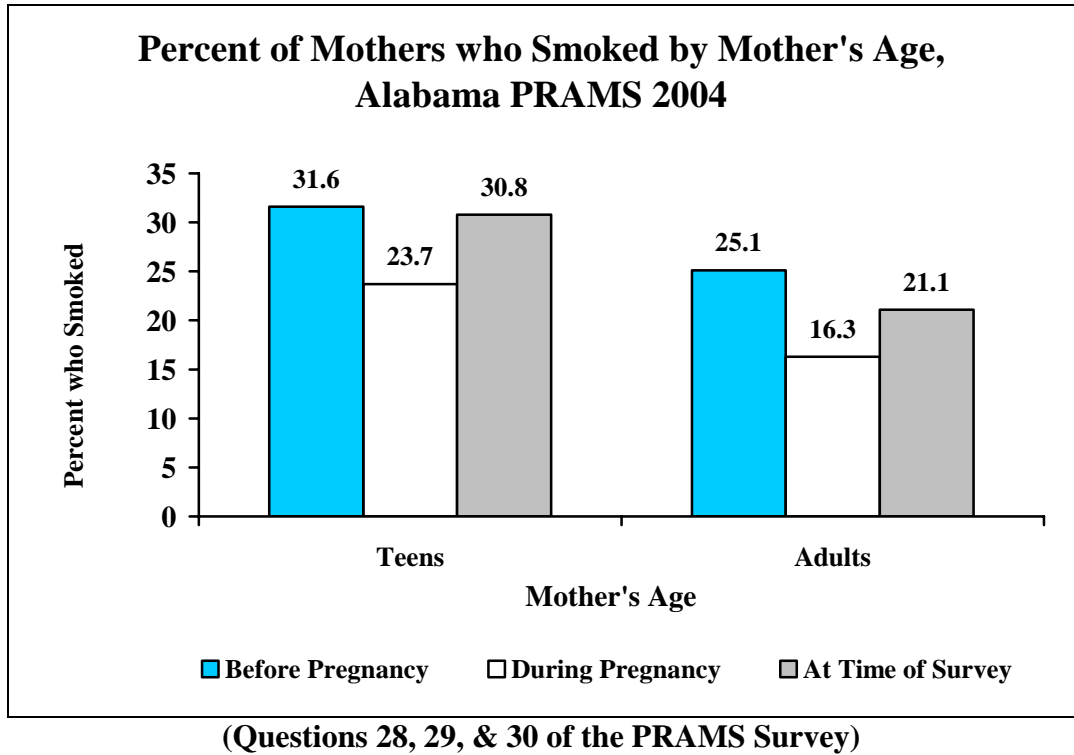
95% Confidence Intervals											
Year/ Smoked	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
<b>Before Pregnancy</b>	20.8-25.8	25.4-30.8	22.7-27.8	23.5-28.8	21.0-26.2	21.9-27.2	20.3-25.6	24.2-29.6	21.7-27.0	20.3-25.7	23.1-29.3
<b>During Pregnancy</b>	13.0-17.3	14.0-18.4	13.1-17.3	12.4-16.5	12.3-16.5	12.0-16.2	11.9-16.1	13.4-17.8	12.3-16.5	11.3-15.6	15.0-20.3
<b>At Time of Survey</b>	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	19.7-25.6



(Questions 28, 29, & 30 of the PRAMS Survey)

Both white and black and other smokers showed the same trend - smoking decreased during pregnancy but increased again by the time of the survey. Among white smokers, there was a statistically significant decrease in smoking from before pregnancy to during pregnancy. Among black and other race smokers, the decrease from before pregnancy to during pregnancy and the increase again at time of the survey were not statistically significant changes.

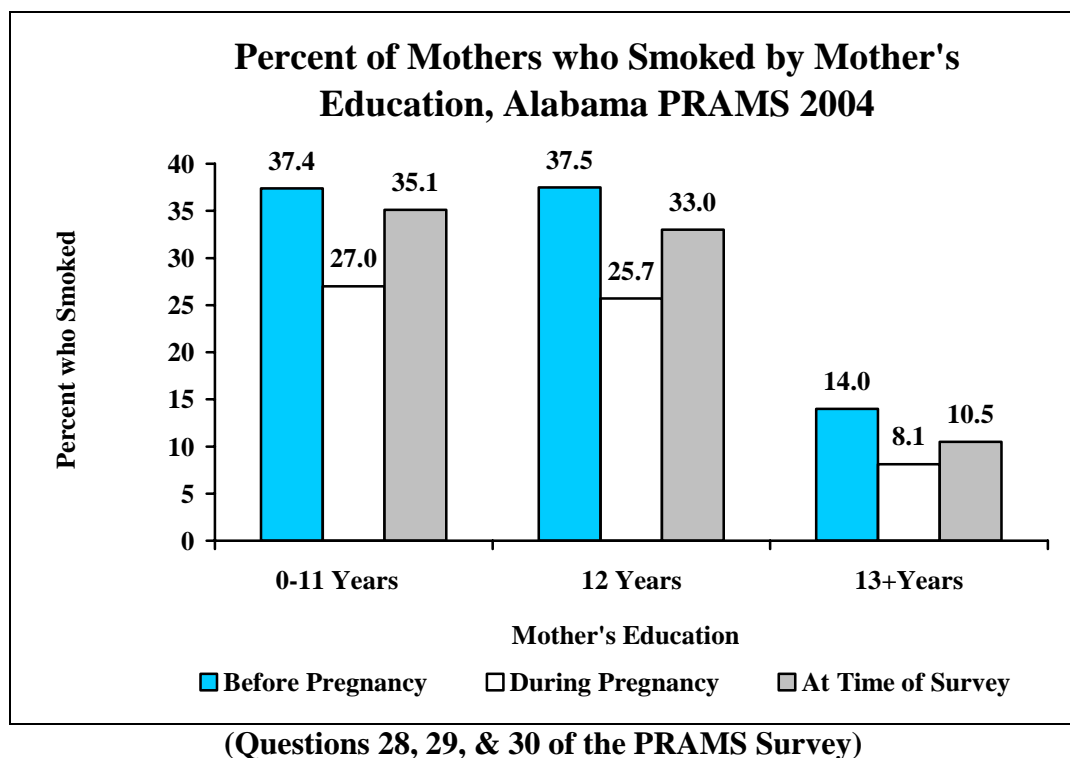
95 % Confidence Intervals			
Smoked/ Race:	Before Pregnancy	During Pregnancy	At Time of Survey
White	28.3-36.1	18.7-25.6	24.4-31.9
Black and Other	9.3-18.2	4.9-12.1	7.3-15.5



In 2004, teen and adult women smokers followed the same pattern - decreasing smoking during pregnancy and increasing after delivery. The decrease in smoking during pregnancy among adult women was statistically significant, but among teen women, the decrease was not statistically significant.

95 % Confidence Intervals			
Smoked/ Age:	Before Pregnancy	During Pregnancy	At Time of Survey
Teens	23.8-40.6	17.0-32.1	23.1-39.8
Adults	21.9-28.6	13.7-19.4	18.1-24.4

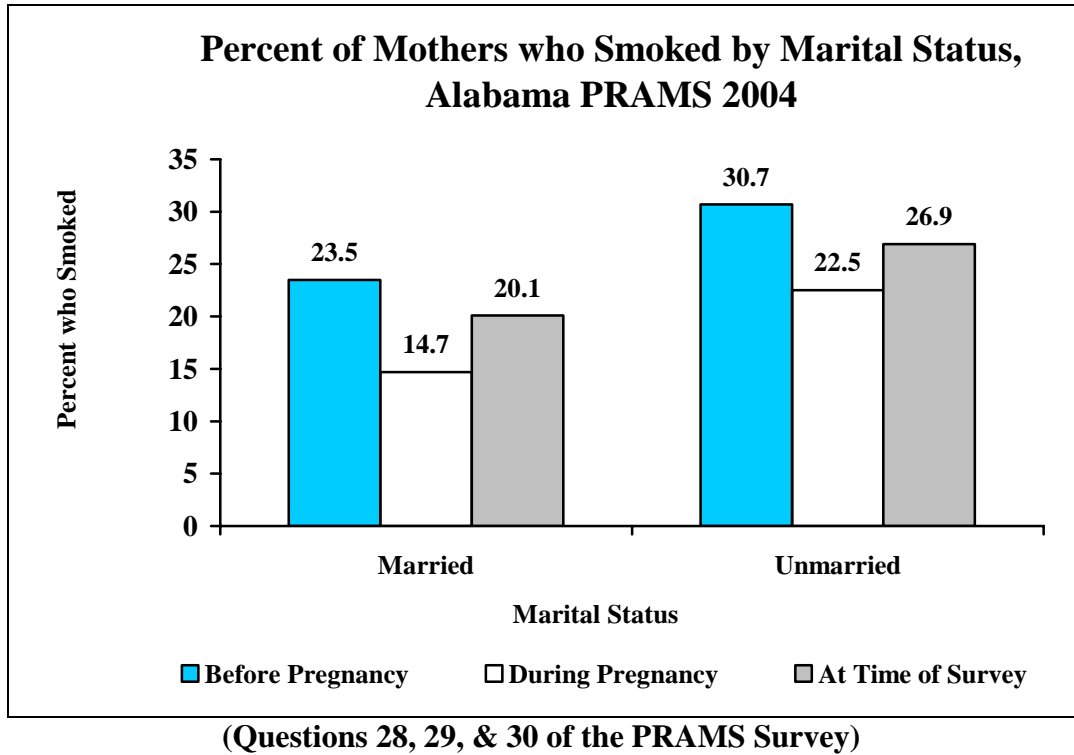




Generally in Alabama, there is an inverse correlation between a woman's educational attainment and smoking: as a woman's level of education *increases*, smoking *decreases*. In 2004 in the three time categories, the percentages of women with 0-11 years of education who smoked and those with 12 years of education who smoked were very similar. In both groups, the decreases in smoking seen from before pregnancy and during pregnancy were not statistically significant; in fact, one in four Alabama mothers in those two educational levels continued to smoke while pregnant.

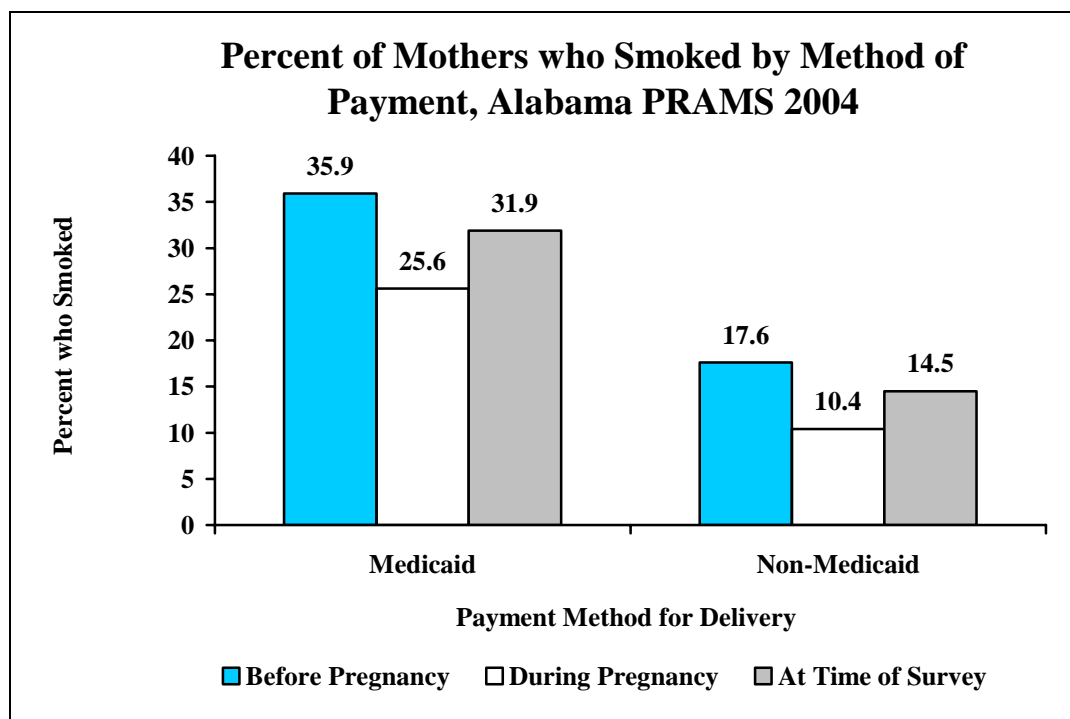
The lower percentages of smoking (before pregnancy, during pregnancy, and after delivery) among women with 13+ years of education were statistically significant from the other two educational groups. However like the other two groups, the drop in smoking from before pregnancy and during pregnancy was not statistically significant; 8.1 percent continued to smoke while pregnant.

<b>95 % Confidence Intervals</b>			
<b>Smoked/ Education:</b>	<b>Before Pregnancy</b>	<b>During Pregnancy</b>	<b>At Time of Survey</b>
<b>0-11 Years</b>	<b>30.1-45.4</b>	<b>20.7-34.3</b>	<b>27.9-43.1</b>
<b>12 Years</b>	<b>31.4-44.0</b>	<b>20.3-32.0</b>	<b>27.2-39.5</b>
<b>13+ Years</b>	<b>10.9-17.9</b>	<b>5.9-11.2</b>	<b>7.9-13.9</b>



In 2004, married and unmarried mothers followed the same pattern - they decreased their smoking during pregnancy only to increase it again after delivery. During pregnancy, married women decreased their smoking by 37 percent, which was a statistically significant decrease. Unmarried women decreased smoking while pregnant by 26 percent, not statistically significant.

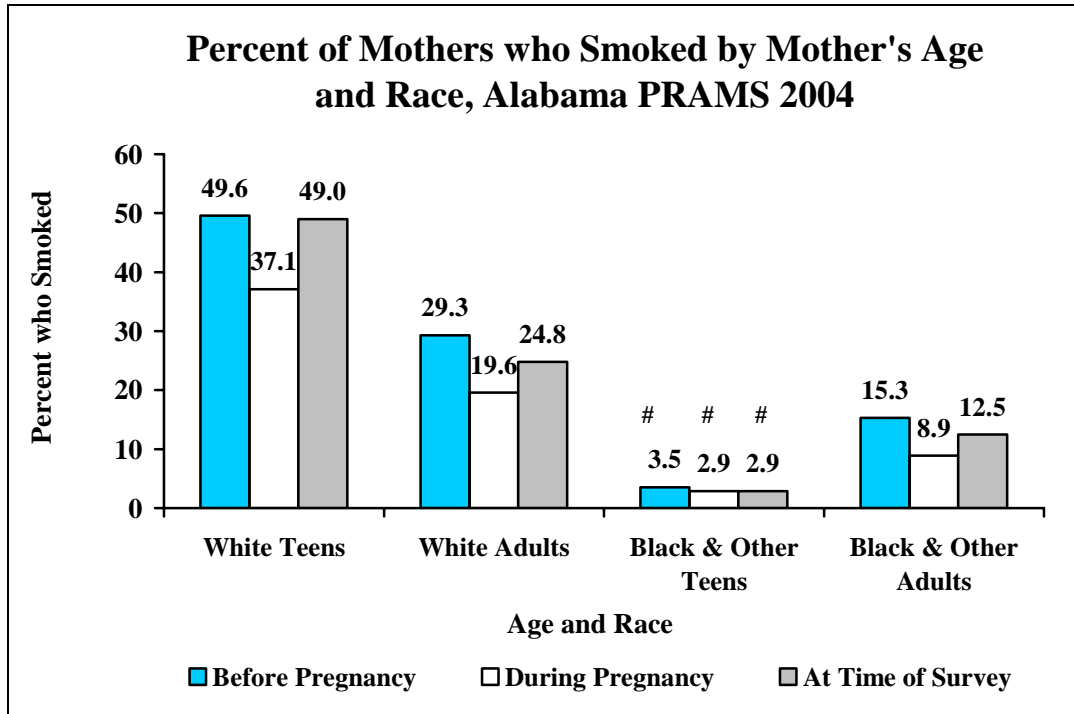
<b>95 % Confidence Intervals</b>			
<b>Smoked/ Marital Status:</b>	<b>Before Pregnancy</b>	<b>During Pregnancy</b>	<b>At Time of Survey</b>
<b>Married</b>	20.1-27.4	12.0-18.0	16.9-23.8
<b>Unmarried</b>	25.4-36.7	17.8-28.0	21.8-32.7



(Questions 28, 29, & 30 of the PRAMS Survey)

In 2004, cigarette smoking was significantly higher among mothers on Medicaid before, during, and after their pregnancies than non-Medicaid mothers. The decrease in smoking from before pregnancy and during pregnancy among Medicaid mothers was statistically significant. The decrease reported among non-Medicaid mothers was not statistically significant.

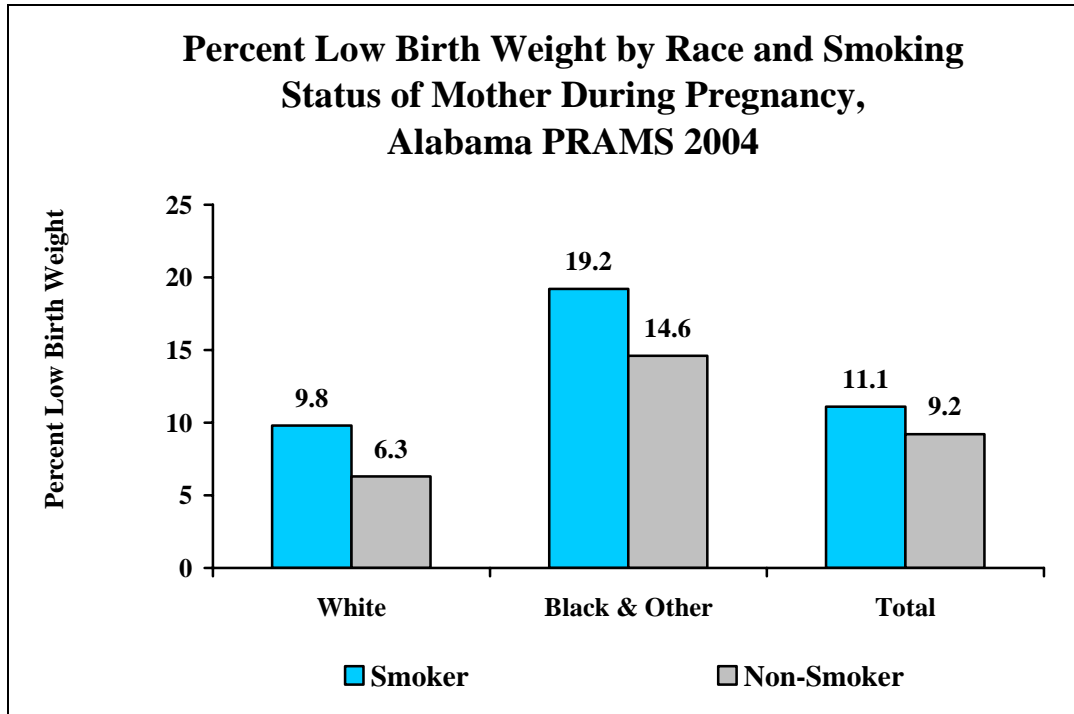
95 % Confidence Intervals			
Smoked/ Payment Method:	Before Pregnancy	During Pregnancy	At Time of Survey
Medicaid	31.2-40.8	21.5-30.2	27.4-36.7
Non-Medicaid	13.9-22.0	7.6-14.1	11.1-18.6



(Questions 28, 29, & 30 of the PRAMS Survey) #Number of Respondents is less than 20

In 2004, a higher percentage of white mothers smoked than did black and other mothers. Specifically, white teenage mothers smoked significantly more before, during, and after pregnancy than the other three populations. White adult mothers smoked significantly more in those three periods than did black and other teen or adult mothers.

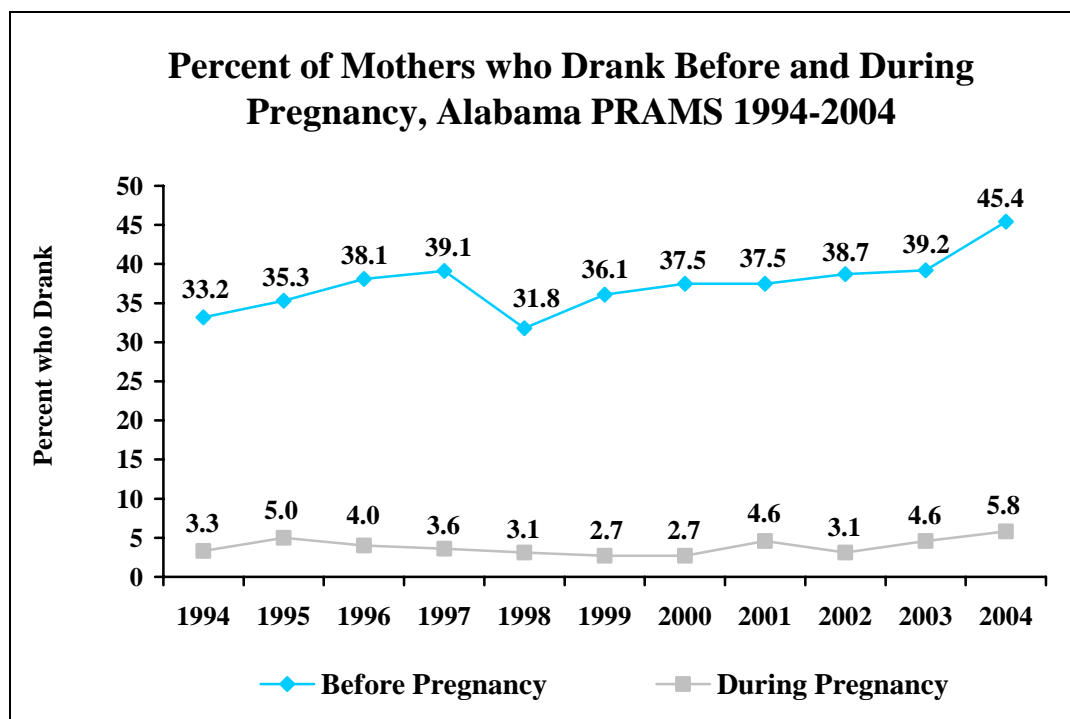
95 % Confidence Intervals			
Smoked/ Race and Age:	Before Pregnancy	During Pregnancy	At Time of Survey
White Teens	37.9-61.4	26.6-49.0	37.2-60.9
White Adults	25.4-33.6	16.2-23.4	21.1-28.9
Black & Other Teens	1.1-10.5	0.7-10.6	0.7-10.6
Black & Other Adults	10.7-21.4	5.5-14.1	8.4-18.2



(Question 29 of the PRAMS Survey)

In 2004, low weight births were more prevalent among mothers who smoked *during their pregnancies* than among mothers who did not smoke during that time. The increase in low weight births to white women who smoked while pregnant was statistically significant compared to white women who did not smoke. No statistical difference was seen in the percentages of low weight births to black and other smokers and black and other non-smokers.

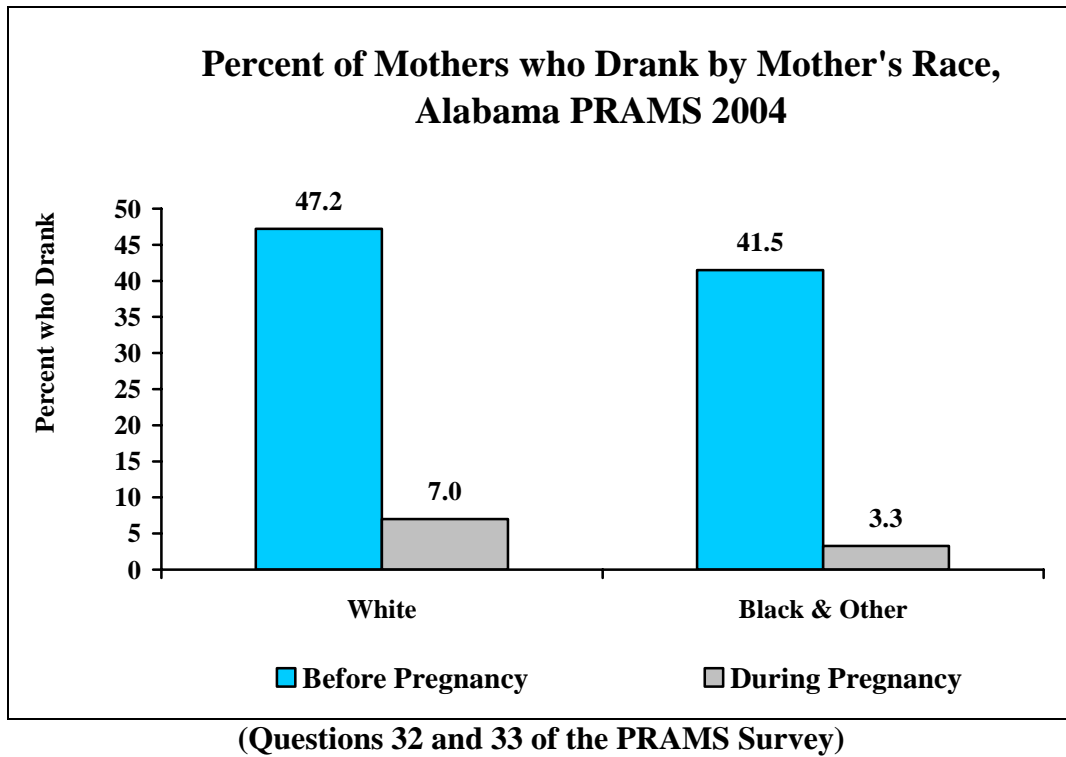
<b>95% Confidence Intervals</b>		
<b>Smoking Status/ Race</b>	<b>Smoker</b>	<b>Non-Smoker</b>
<b>White</b>	<b>7.7-12.3</b>	<b>5.6-7.0</b>
<b>Black &amp; Other</b>	<b>10.9-31.6</b>	<b>12.7-16.7</b>
<b>Total</b>	<b>9.0-13.6</b>	<b>8.7-9.7</b>



(Questions 32 and 33 of the PRAMS Survey)

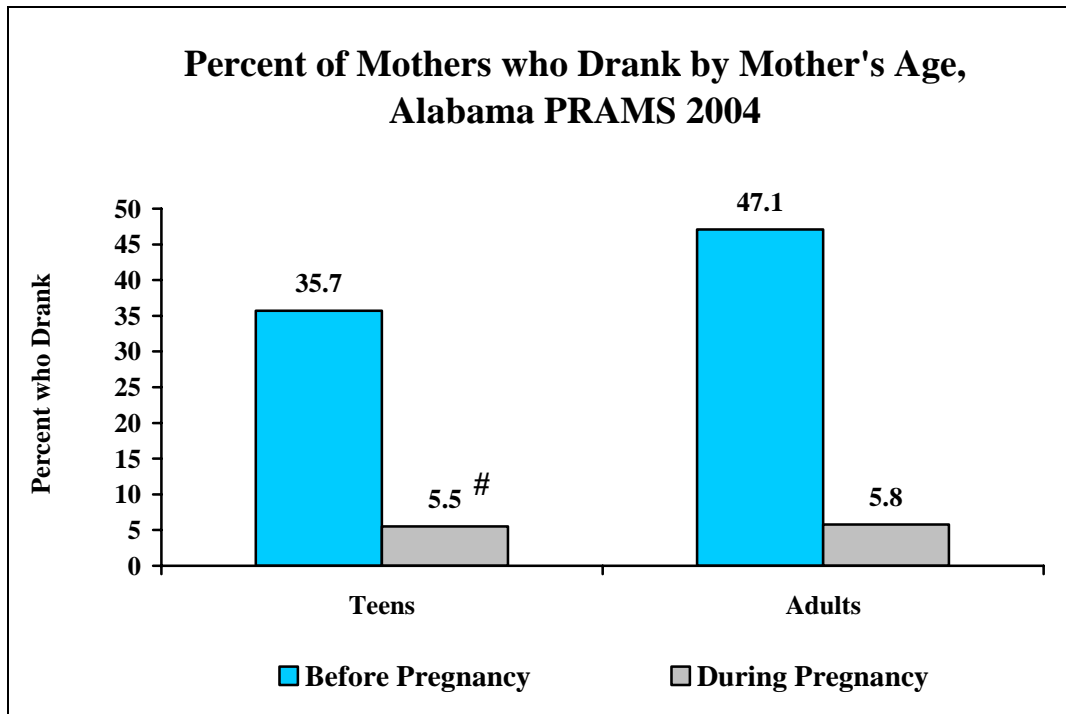
From 2003 to 2004, there was an increase of 15.8 percent in drinking *before* becoming pregnant and an increase of 26.1 percent in drinking *during* the last three months of pregnancy reported by Alabama mothers. Neither of these increases from 2003 were statistically significant. From 1994-2004, Alabama women did significantly decrease drinking during the last three months of their pregnancies.

95% Confidence Intervals											
Year/ Drank	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
<b>Before Pregnancy</b>	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	41.8-49.0
<b>During Pregnancy</b>	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	4.3-7.7



In 2004, over forty percent of Alabama mothers reported drinking alcoholic beverages *before* becoming pregnant, however a statistically significant decrease was observed in drinking *during* the last three months of their pregnancies. The differences seen in drinking between the races were not statistically significant.

<b>95% Confidence Intervals</b>		
<b>Drank / Race</b>	<b>Before Pregnancy</b>	<b>During Pregnancy</b>
<b>White</b>	42.8-51.6	5.1-9.5
<b>Black and Other</b>	35.2-48.1	1.7-6.3

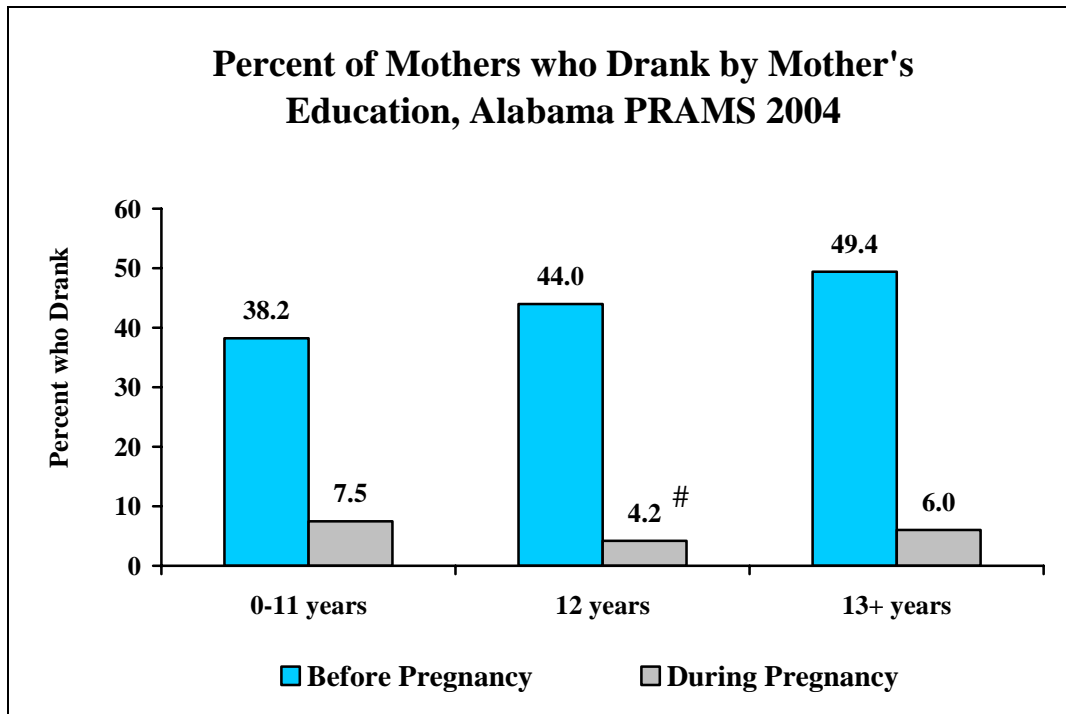


(Questions 32 and 33 of the PRAMS Survey) # Number of respondents is less than 20.

As expected, a higher percentage of adult women reported consuming alcohol than teenage women. Yet in 2004, one in three teenage mothers reported using alcohol before becoming pregnant and 5 percent reported drinking during their pregnancies, despite being underage. In both populations, drinking significantly declined during the last three months of their pregnancies.

95% Confidence Intervals		
Drank / Mother's Age	Before Pregnancy	During Pregnancy
Teens	27.3-45.1	2.6-11.1
Adults	43.2-51.1	4.3-8.0

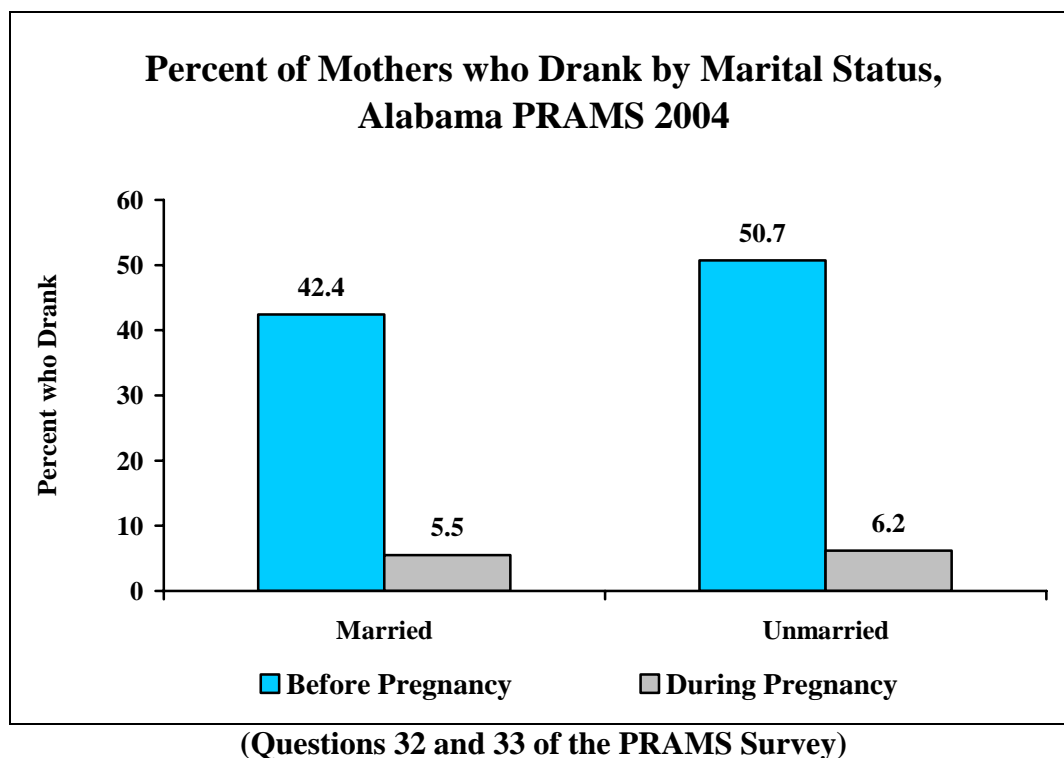




(Questions 32 and 33 of the PRAMS Survey) # Number of respondents is less than 20.

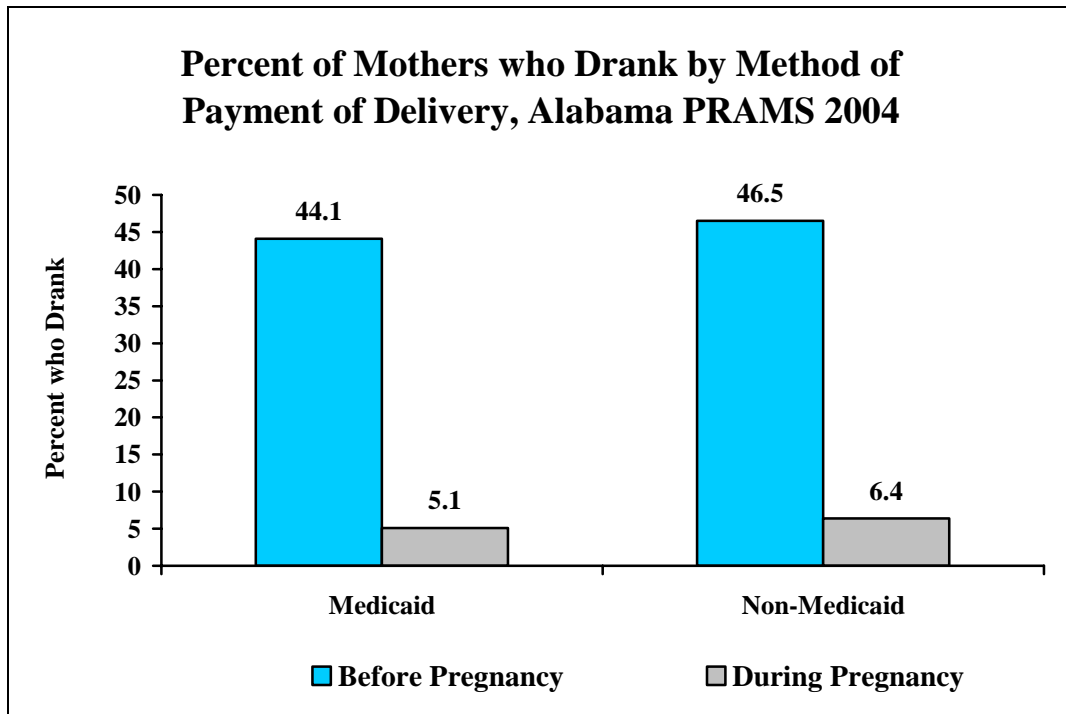
In 2004, women with the higher levels of education were more likely to drink than those women with the lower educational attainment. This could be attributable to age; women with the lower educational levels are probably younger and underage. In each educational level, drinking during pregnancy decreased significantly.

95% Confidence Intervals		
Drank/ Education	Before Pregnancy	During Pregnancy
0-11 years	30.6-46.4	4.2-13.2
12 years	37.6-50.6	2.3-7.5
13+ years	44.3-54.6	4.0-8.9



In 2004, unmarried mothers were more likely to drink *before* and *during* pregnancy than married mothers, but the differences were not statistically significant. Both unmarried and married mothers significantly decreased drinking during the last three months of their pregnancies.

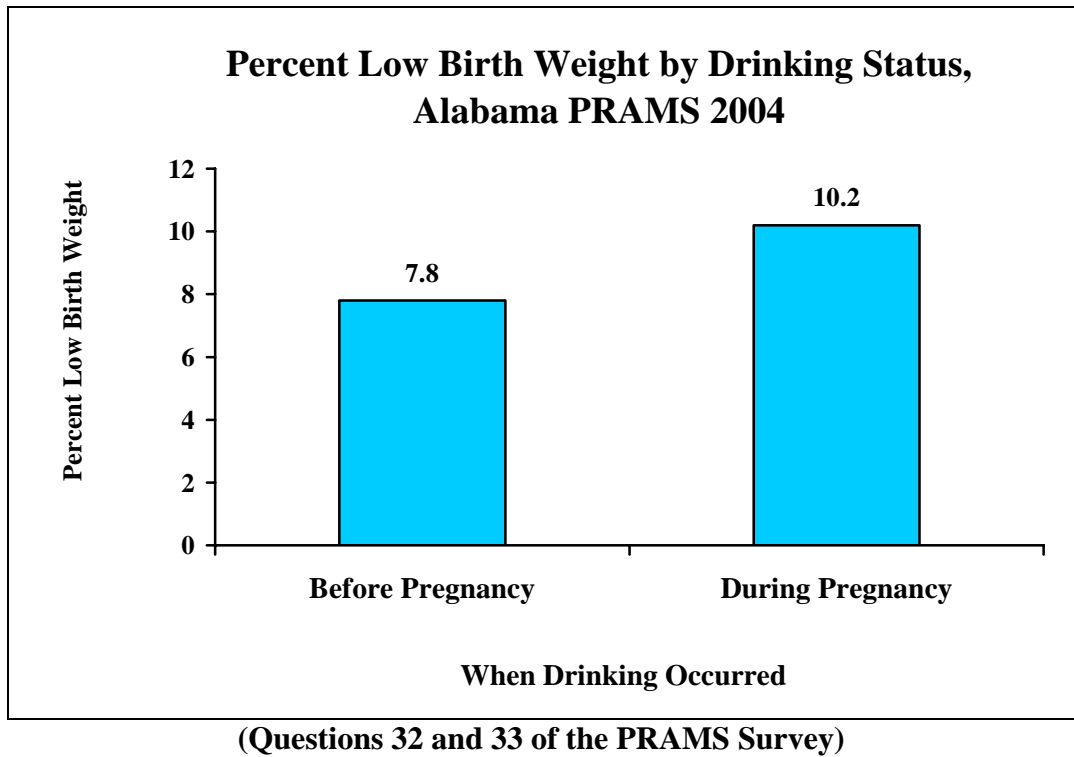
<b>95 % Confidence Intervals</b>		
<b>Drank/ Marital Status</b>	<b>Before Pregnancy</b>	<b>During Pregnancy</b>
Married	38.0-46.9	3.8-7.9
Unmarried	44.7-56.8	3.9-9.9



(Questions 32 and 33 of the PRAMS Survey)

In Alabama in 2004, mothers whose delivery was not paid by Medicaid drank more *before* and *during* their pregnancies than did their Medicaid counterparts. The differences reported in both groups were not statistically significant, but in both groups, a statistically significant decrease in drinking was reported during the last three months of their pregnancies.

95% Confidence Intervals		
Drank/ Payment Method	Before Pregnancy	During Pregnancy
Medicaid	39.2-49.2	3.2-7.8
Non-Medicaid	41.4-51.8	4.4-9.3



In 2004, 7.8 percent of women who drank before pregnancy had a low weight infant. Among women who drank while pregnant, 10.2 percent delivered a low weight infant. There is no statistically significant difference in the percentage of low weight births to mothers who drank before pregnancy or during pregnancy.

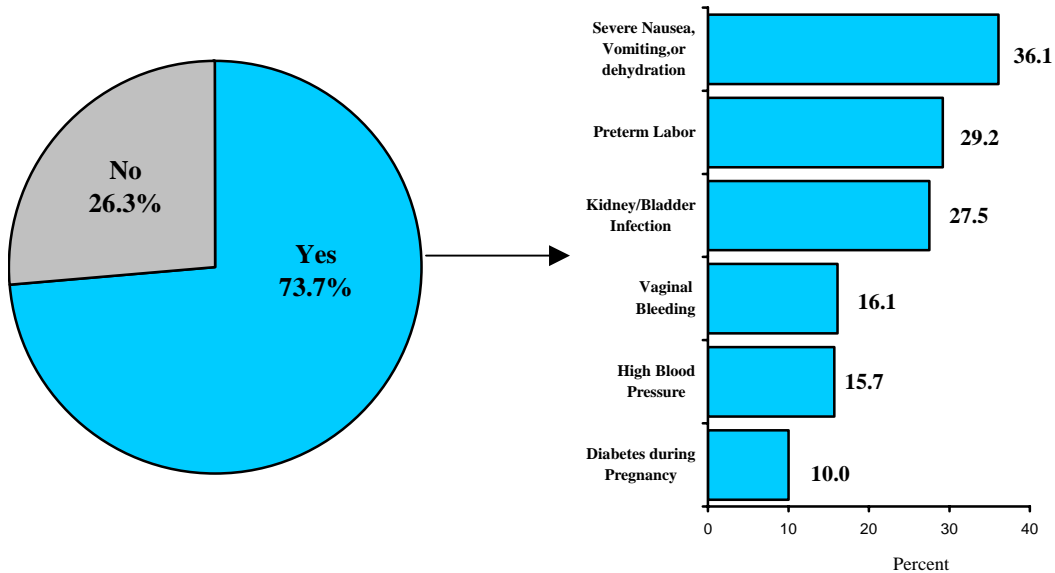
<b>95% Confidence Intervals</b>		
<b>Drank</b>	<b>Before Pregnancy</b>	<b>During Pregnancy</b>
<b>Percent LBW</b>	<b>6.9-8.9</b>	<b>6.8-14.9</b>

## Mothers' Negative Health Behaviors Comments

- “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.”
- “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 hope that some to be mothers think about the well being of their baby inside of them by not drinking alcoholic drinks, smoking and they need to eat healthy and trust in the Lord. Try not to stress because the baby feels it. Besides it is not good for you or the baby.”
- “I was smoking and had some drinks after baby was born.”
- “I did my very best to be healthy during my last pregnancy. I didn't drink or smoke while 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.”
- “Please do not use alcohol or drugs during pregnancy. You are ruining a helpless, innocent life if you do!”
- “I stopped smoking when I thought I was pregnant. I never smoked during any of my three pregnancies.”
- “Please do not smoke, take drugs or drink.”
- “I advise you not to smoke during pregnancy.”
- “Don't drink at all or smoke if you are pregnant, only if you drink or smoke a little it can still harm your newborn”
- “...my husband got mad at me for smoking during my pregnancy.”
- “Do not smoke or drink. You should have a very good pregnancy. (PS I know I did).”
- “I really don't think there is much a woman can do to have a healthy baby. Other than not smoking, not drinking...”
- “Smoking is bad for the health of you and your baby.”
- “I think more info [is needed] on how street drugs can affect unborn babies.”
- “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.”

# **HEALTH CARE SYSTEM ISSUES**

## Mother Experienced a Medical Problem During Pregnancy, Alabama PRAMS 2004

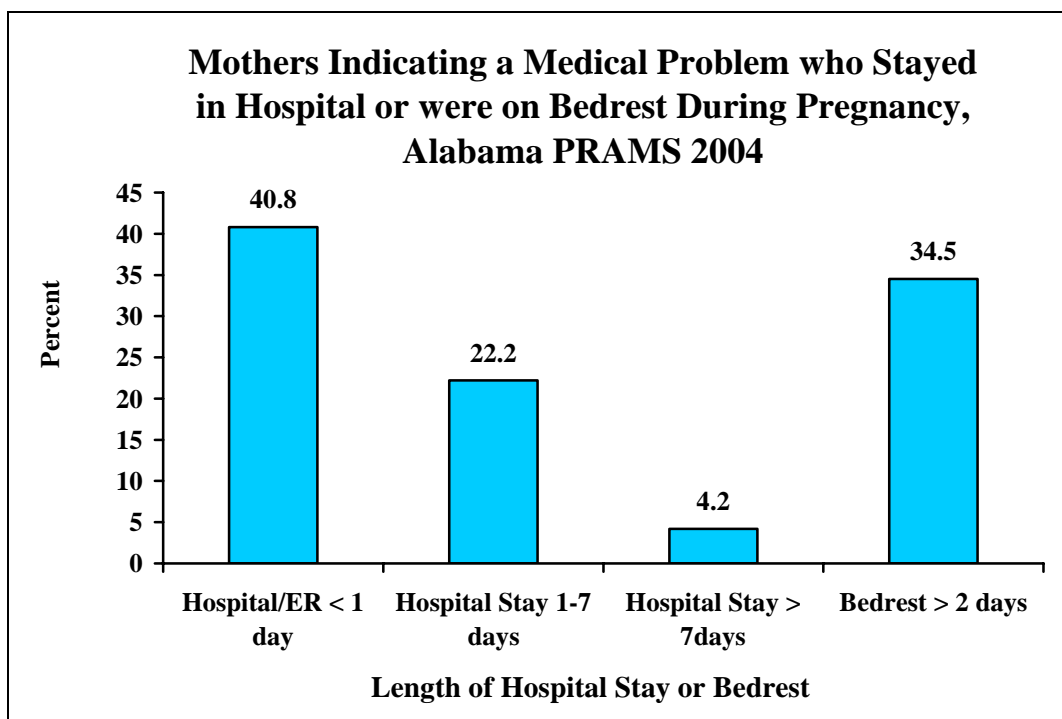


Items are not mutually exclusive, therefore percentages will not equal 100.

(Question 25 of the PRAMS Survey)

Over 70 percent of Alabama Mothers reported having a medical problem during their pregnancy. Of those, the highest percentage (36.1) reported having nausea, vomiting, and/or dehydration. One in four mothers reported experiencing preterm labor or a kidney/bladder infection. About one in six mothers reported vaginal bleeding and/or high blood pressure, and one in ten developed gestational diabetes.

95% Confidence Intervals								
Problems	Yes	No	Nausea, vomiting or dehydration	Preterm labor	Kidney/Bladder infection	Vaginal Bleeding	HBP	Diabetes During Preg.
Percent	70.4-76.9	23.2-29.6	32.8-39.7	26.1-32.5	24.4-30.8	13.8-18.8	13.4-18.4	8.0-12.4

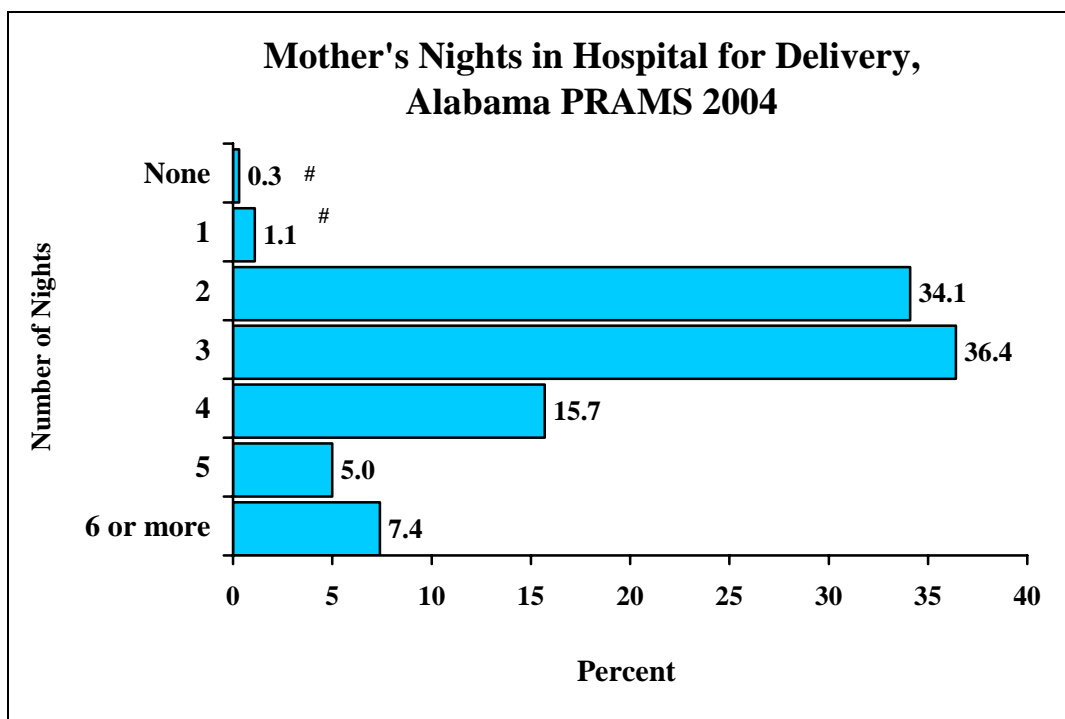


(Question 26 of the PRAMS Survey)

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, 40 percent of mothers visited a hospital and stayed less than a day; 22 percent stayed from one to seven days; 4.2 percent stayed longer than seven days; and 34 percent stayed in bed for more than two days at a doctor’s or nurse’s advice.

95% Confidence Intervals				
Length of Stay or bedrest	Hospital or ER < 1 day	Hospital Stay 1-7 days	Hospital Stay >7 days	Bedrest > 2 days
Percent	36.7-45.2	19.0-25.8	3.0-5.8	30.5-38.7

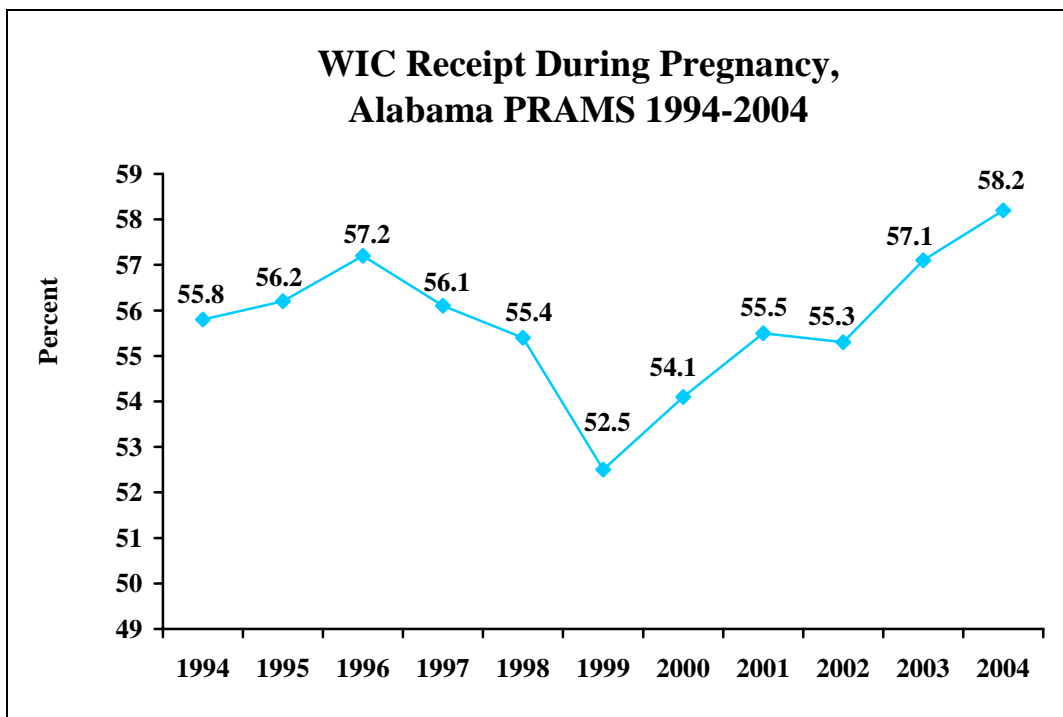




(Questions 38 and 40 of the PRAMS Survey) #Number of Respondents is less than 20

In 2004, the majority of Alabama mothers stayed two nights (34 percent) or three nights (36 percent) in the hospital following delivery of their infants. One percent reported staying only one night and 28.1 percent stayed four or more nights.

95% Confidence Intervals							
Number of Nights	None	1	2	3	4	5	6 or more
Percent	0.1-1.3	0.6-2.1	30.7-37.7	32.9-40.0	13.2-18.5	3.7-6.8	6.0-9.2



(Questions 23 of the PRAMS Survey)

WIC or the Special Supplemental Nutrition Program for Women, Infants, and Children is one of the nation’s most successful nutrition programs, providing proper nutrition to pregnant women, breastfeeding women, women who had a baby within the last six months, infants, children under the age of five, and who meet eligibility guidelines.

In 2004, 58.2 percent of Alabama mothers received WIC benefits, which was the highest percentage in eleven years.

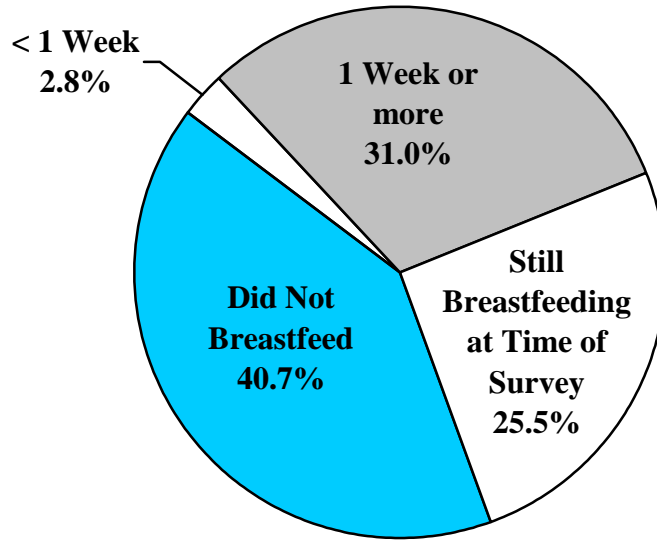
<b>95% Confidence Intervals</b>											
<b>Year</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>
<b>Percent</b>	53.7-57.9	54.1-58.2	55.0-59.4	53.8-58.3	53.1-57.7	50.0-54.9	51.7-56.5	53.1-57.8	53.0-57.7	54.5-59.6	55.5-60.9

## Mothers' Health Care System Comments

- “I think the hospital should allow a mother to hold her baby after birth.”
- “We do not qualify financially for the WIC program. I believe the qualifications should be based on more than income. After our baby was born I had to quit my job because of her health problems. With only one income but all the same bills, we are financially strapped and WIC would be a great benefit...”
- “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.”
- “WIC is a very good program. Keep up the good work.”
- “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 find out that the State of AL does not license Direct Entry Midwives.”
- “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 food, etc.”
- “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.”
- “I wish more info would be given to mothers about the signs and symptoms of Group B strep in their babies.”
- “Hospital nursing staff should be informed to treat the mothers better during their stay.”
- “I am thankful for all the support I received while I was in the hospital before my baby was born.”
- “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...When mothers have babies they need to be trained with CPR so they can save their babies if they find their baby is not breathing. One of my babies died. Let people know about monitors.”
- “Child-care or prenatal care for Medicaid patients should be better. Medicaid patients should not be limited to certain doctors.”
- “The only thing that sticks out in my mind is that I had a wonderful experience throughout my pregnancy.”
- “The Medicaid program is an incredible program for expectant mothers across Alabama.”
- “I think there should be a program for parents of multiple children under the age of 4.”
- “Just like to thank those who are in control of the WIC program. It has helped my family in many ways.”

# **BREASTFEEDING**

**Percent of Mothers who Breastfed,  
Alabama PRAMS 2004**

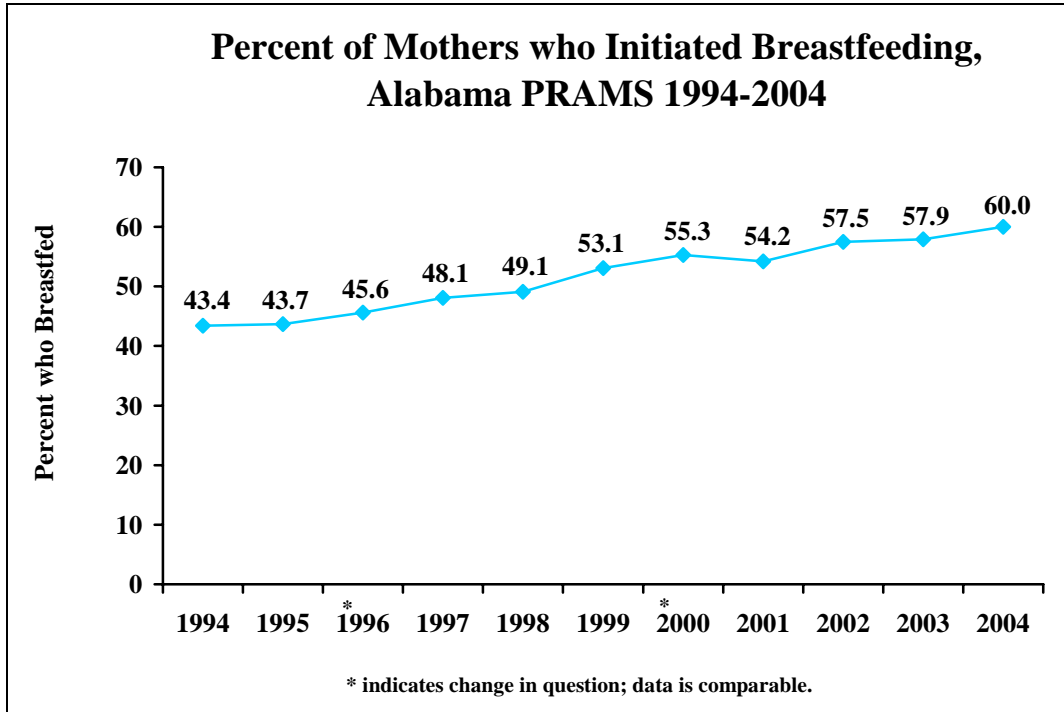


**(Questions 46, 48, and 49 of the PRAMS Survey)**

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 percentage of mothers who breastfeed their babies in the early postpartum period to 75 percent.

In Alabama in 2004, 40 percent of mothers did not attempt to breastfeed their babies. Only one in four Alabama mothers were still breastfeeding their infants at the time of the survey, two to six months after delivery.

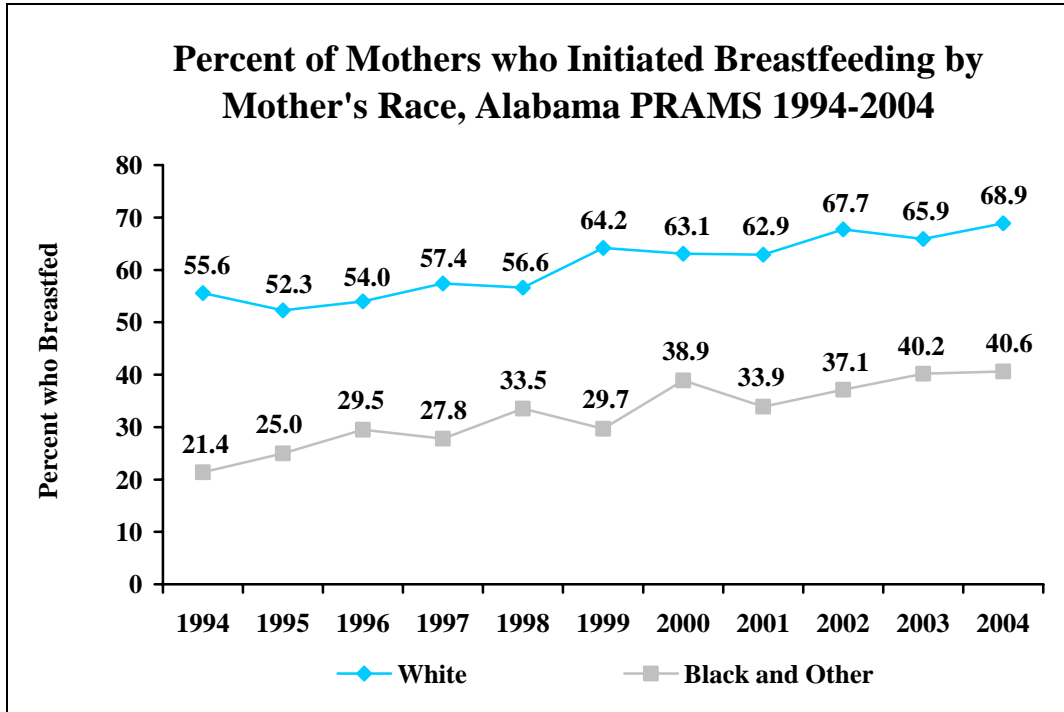
<b>95% Confidence Intervals</b>				
<b>Time Breastfed:</b>	<b>Did Not Breastfeed</b>	<b>&lt;1 week</b>	<b>1 week or more</b>	<b>Still Breastfeeding</b>
<b>Percent</b>	<b>37.3-44.2</b>	<b>1.9-4.1</b>	<b>27.7-34.5</b>	<b>22.5-28.8</b>



**(Question 46 of the PRAMS Survey)**

From 1994-2004, the percentage of Alabama mothers who initiated breastfeeding increased ten out of the eleven years. In 2004, 60 percent of mothers reported they initiated breastfeeding; however, from 2000-2004, the changes have not been statistically significant. Comparing 1994 and 2004 data, there has been a statistically significant increase of 38 percent in mothers who initiated breastfeeding.

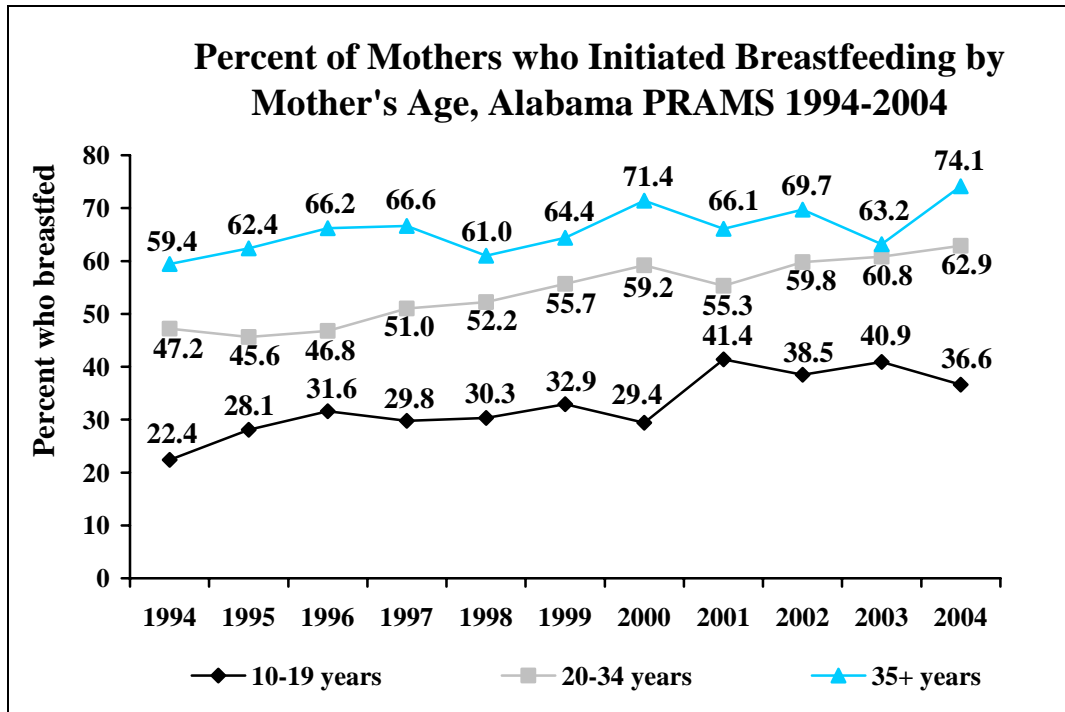
<b>95% Confidence Intervals</b>											
<b>Year</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>
<b>% B-feeding</b>	40.6-46.2	40.8-46.6	42.7-48.5	45.1-51.0	46.0-52.2	50.0-56.1	52.3-58.3	51.2-57.3	54.5-60.5	54.7-61.1	56.5-63.4



(Question 46 of the PRAMS Survey)

From 1994 to 2004, there has been a statistically significant increase in breastfeeding in both racial groups. The prevalence of breastfeeding has been consistently higher among white women compared to black and other race women. The slight increases seen in 2004 from the 2003 percentages are not statistically significant.

<b>95% Confidence Intervals</b>											
Year/ Race	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
<b>White</b>	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	64.8-72.8
<b>Black and Other</b>	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	34.3-47.2

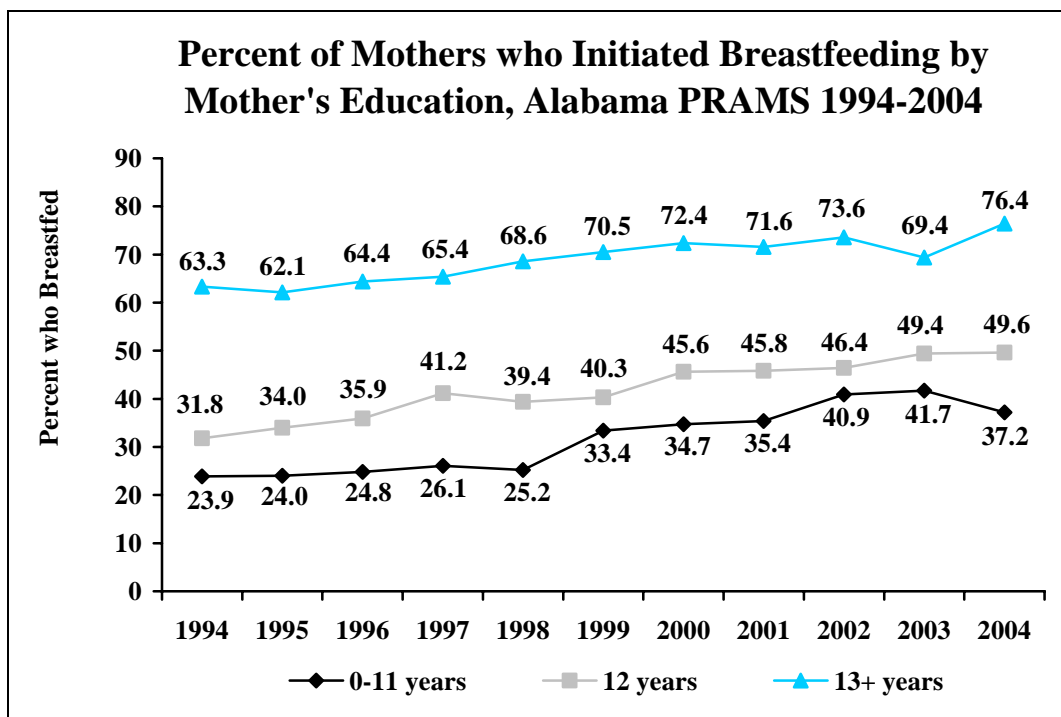


(Question 46 of the PRAMS Survey)

During the period of 1994 through 2004, the percentage of women initiating breastfeeding has increased in all three age groups. When examining each group, the oldest mothers, 35 plus years, had the highest percentage of breastfeeding with teenage mothers having the lowest percentage. Of the three age groups, only the increase seen among mothers 20-34 years of age has been statistically significant.

<b>95% Confidence Intervals</b>											
Year/ Age	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
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	28.1-45.9
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	58.8-66.8
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	62.1-83.3

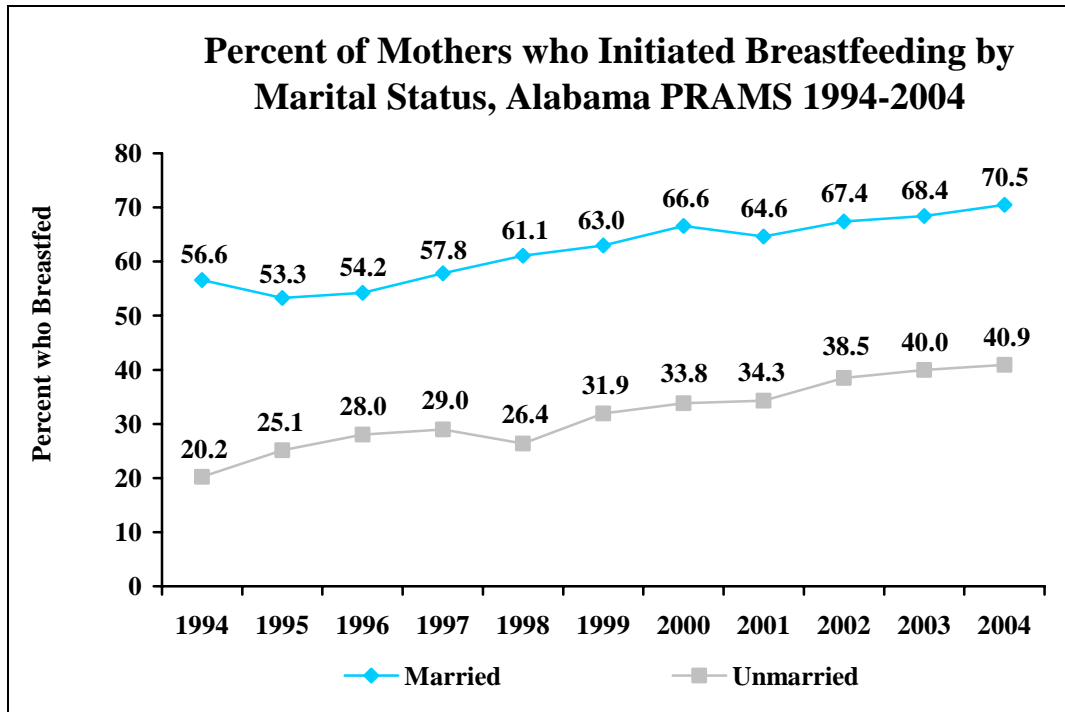




(Question 46 of the PRAMS Survey)

In Alabama, breastfeeding prevalence is highest among women with 12 or more years of education. Comparing percentages from 1994 to percentages in 2004, there have been significant increases in breastfeeding among all Alabama mothers. The changes reported from 2003 to 2004 are not statistically significant.

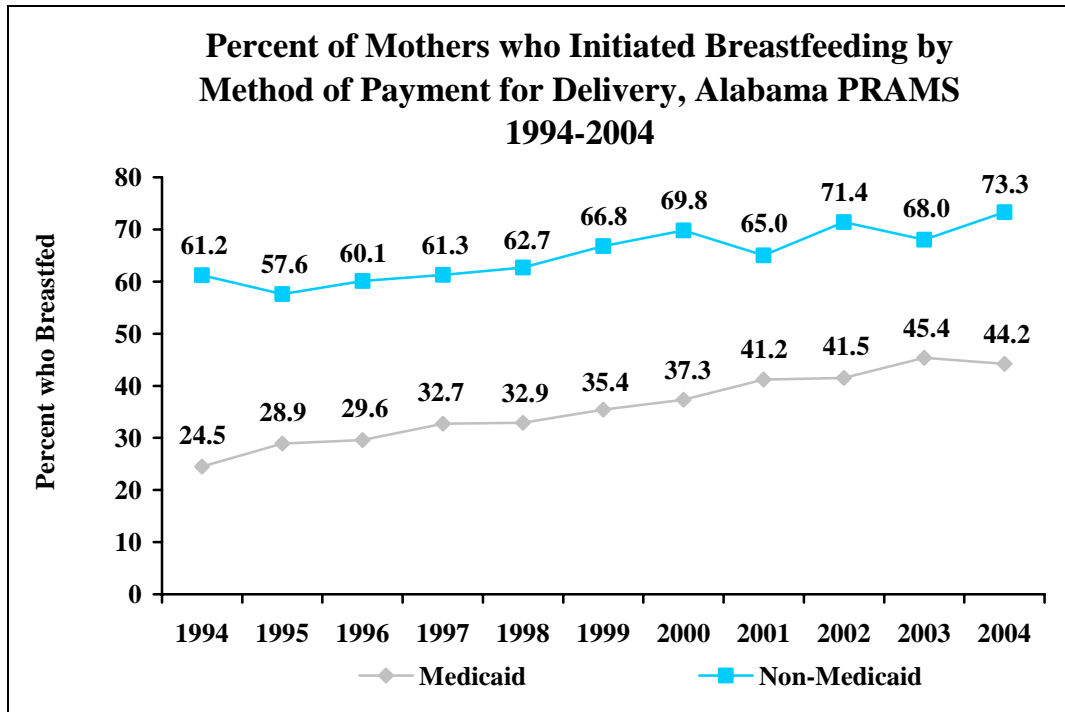
95% Confidence Intervals											
Year/ Educ.	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
0-11 yrs.	18.7-29.0	18.3-29.6	19.4-30.2	20.4-31.8	19.5-31.0	26.8-39.9	28.0-41.4	29.6-41.2	34.4-47.5	34.4-49.4	29.6-45.6
12 yrs.	26.8-36.7	29.1-38.8	30.9-41.0	36.1-46.2	33.9-44.8	34.8-45.7	40.2-50.9	40.2-51.5	40.7-52.0	43.4-55.5	43.0-56.2
13+ yrs.	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	71.7-80.5



(Question 46 of the PRAMS Survey)

Comparing 1994 levels to 2004 levels, there have been statistically significant increases in breastfeeding initiation in both groups of women. Over the past eleven years, the percentage of mothers who initiated breastfeeding has been significantly higher among married mothers compared to unmarried mothers. Factors affecting this trend include that married mothers may be older and have a higher educational attainment than their unmarried counterparts.

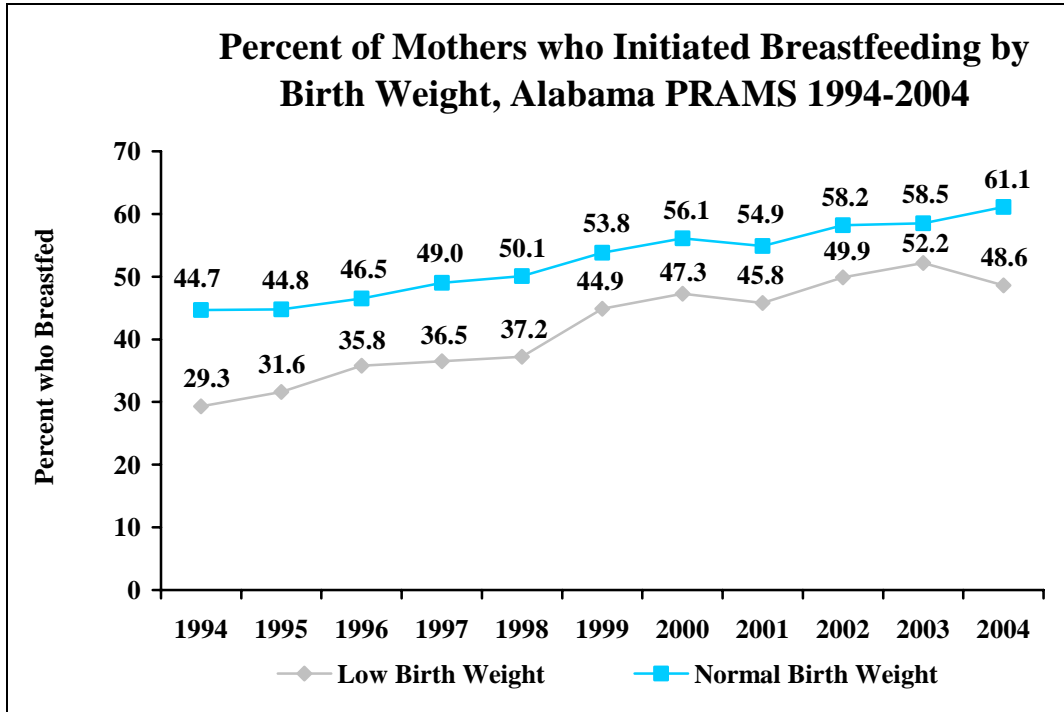
95% Confidence Intervals											
Year/ Married Status	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Married	52.9-60.2	49.6-56.9	50.5-57.9	54.0-61.6	57.2-64.9	59.3-66.7	63.0-70.3	60.8-68.3	63.7-71.2	64.5-72.0	66.2-74.4
Unmarried	16.1-24.3	20.5-29.6	23.2-32.8	24.3-33.8	21.7-31.1	26.8-37.1	28.5-39.0	29.4-39.2	33.4-43.6	34.5-45.7	34.9-47.2



(Question 46 of the PRAMS Survey)

From 1994 through 2004 in Alabama, women whose delivery was not paid by Medicaid were significantly more likely to breastfeed their infants than those women whose delivery was covered by Medicaid. When comparing percentages in 1994 to those in 2004, each group has significantly increased in the percentage of women who initiated breastfeeding their infants.

<b>95% Confidence Intervals</b>											
Year/ Payment	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
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	39.2-49.3
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	68.4-77.7

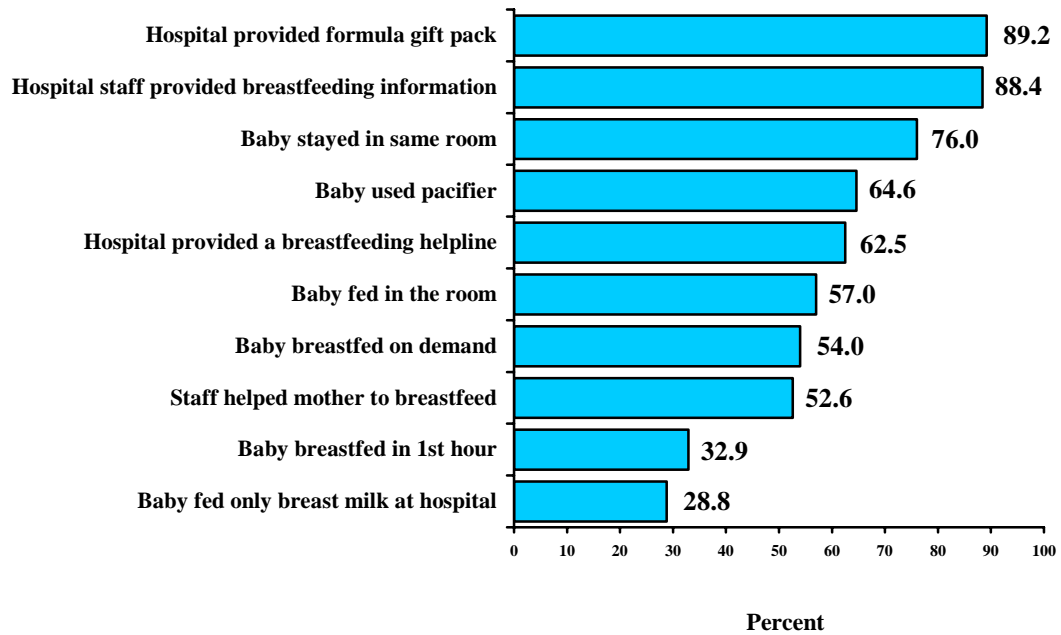


(Question 46 of the PRAMS Survey)

Of babies born in 2004 at a normal birth weight, 61.1 percent were breastfed. Of low birth weight babies, that is, weight less than 2,500 grams, 48.6 percent were breastfed, which may be related to a separation from the mother if the infant was admitted to the neonatal intensive care unit. Comparing 1994 percentages with 2004 percentages, there have been statistically significant increases in both groups initiating breastfeeding.

95% Confidence Intervals											
Year/ BW	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
LBW	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	44.8-52.5
NBW	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	57.3-64.8

## Breastfeeding Events at Hospital after Delivery, Alabama PRAMS 2004

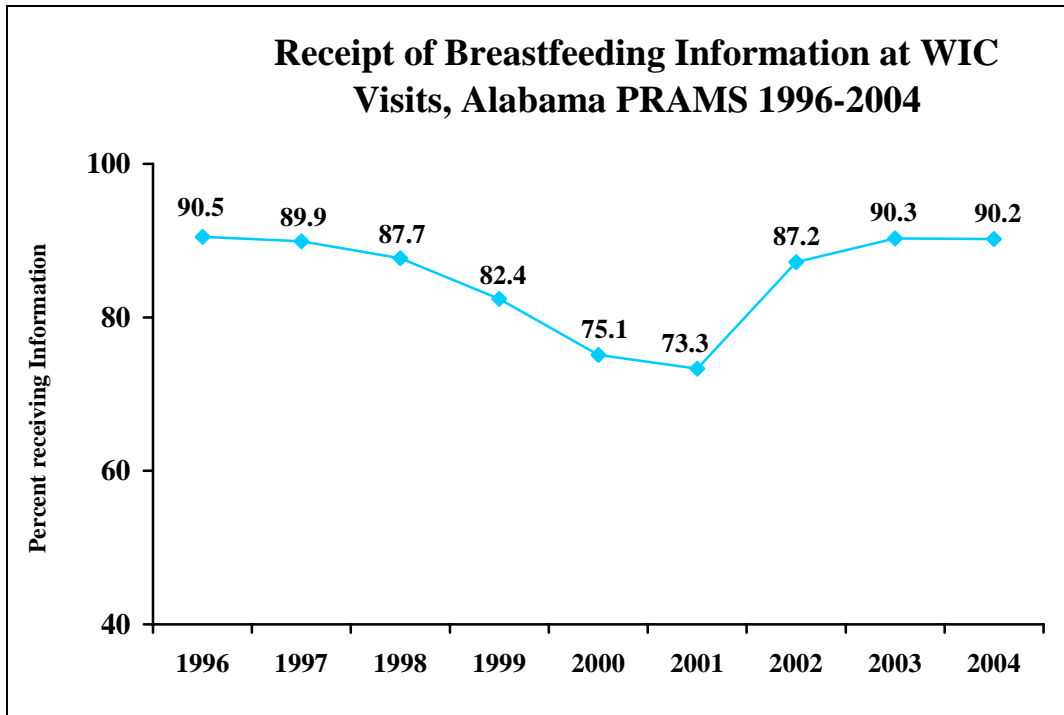


(Question 52 of the PRAMS Survey)

One Healthy People 2010 objective is for at least 75 percent of mothers to breastfeed their infants in the first six weeks after delivery. In 2004, only 60 percent of Alabama mothers initiated breastfeeding to some degree. About 50 percent of mothers reported they received direct help from hospital staff in learning how to breastfeed their babies, whereas 88 percent reported the hospital provided them information on breastfeeding. Thirty-two percent reported they breastfed their babies in the first hour after delivery. Only 28.8 percent reported that their infants received breast milk exclusively while in the hospital, and almost 90 percent were given a formula gift pack to take home upon discharge.

95% Confidence Intervals					
Events	Given gift pack	Breastfeeding information	Baby in room	Baby used pacifier	Breastfeeding helpline
Percent	86.8-91.3	85.9-90.4	72.8-78.8	61.0-68.1	58.9-66.0

95% Confidence Intervals					
Events	Fed in room	Breastfed on demand	Staff helped	Breastfed in first hour	Fed only breast milk in hospital
Percent	53.5-60.4	50.4-57.6	49.0-56.2	29.5-36.4	25.6-32.1



(Question 24 of the PRAMS Survey)

A goal of WIC is to educate pregnant women about breastfeeding and to increase its prevalence among Alabama mothers. During 2003 and 2004, 90 percent of mothers receiving WIC benefits reported they received breastfeeding information during their WIC visits.

95% Confidence Intervals									
Year	1996	1997	1998	1999	2000	2001	2002	2003	2004
Rec'd 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	87.1-92.7

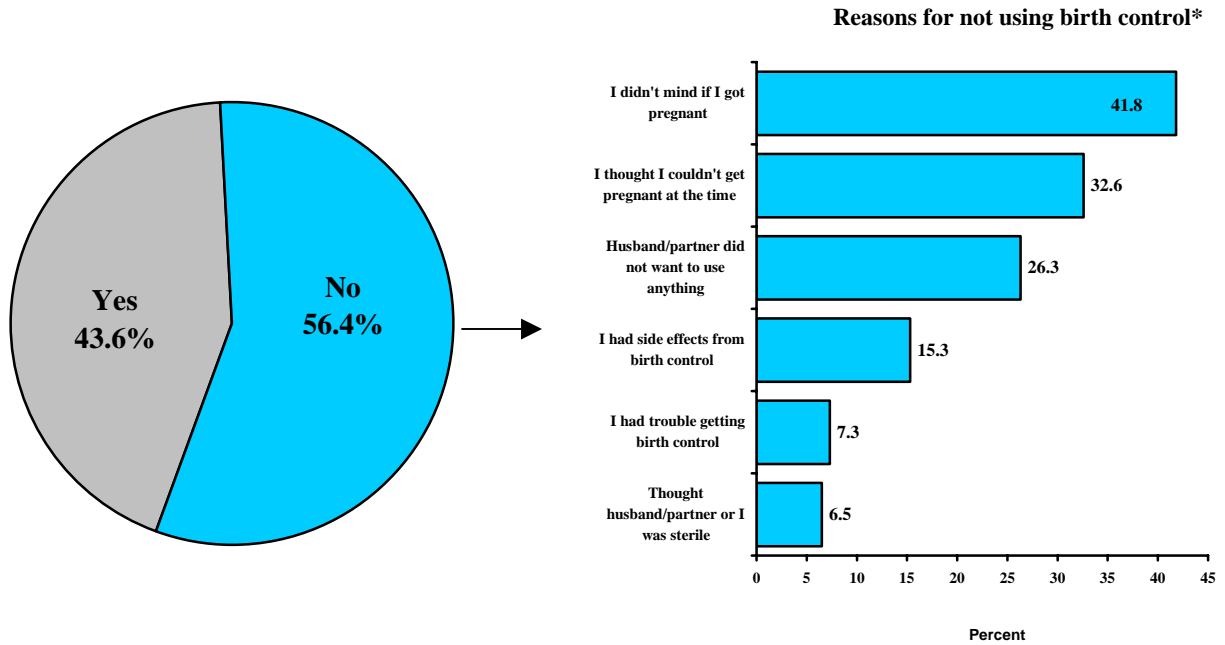
## Mothers' Breastfeeding Comments

- “Breastfeeding and no sleep are the hardest things about a baby.”
- “I could not breast feed him due to prematurity. He drank breast milk (pumped) from a bottle.”
- “I knew that pumping while at work would cause problems with employer.” (Reason for stopping breastfeeding)
- “I am a avid believer of and defender of breast feeding.”
- “Mothers should really be encouraged to breastfeed. I didn't and my son has had a cold almost the entrie 3 months he been in this world.”
- “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.”
- “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.”
- “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.”
- “Breastfeeding is not as easy as they make it out to be. I had to work at it.”
- “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. Although my baby is very much healthy and I thank God every day for that, it still would have been one more thing I could have done for my baby.”
- “The only reason I got info on breastfeeding is because I asked for it.”
- “Today am still breastfeeding as only nourishment for baby. Baby is healthy and gaining weight steadily. Baby was 7 weeks early and stayed in NICU for 2 weeks.”
- “Breast feeding is hard but worth it...Babies that are sick get better faster with a healthy mother and brestmilk.”
- “...in my opinion the staff should encourage all mothers to breastfeed. Nobody there supported it. I had to tell (call) the nurses to bring me the baby at all times.”
- “Had to supplement with formula due to decreased milk production & poor latching on.”
- “Mothers should breast feed their babies....Breast milk is best! It's good for mommy and baby, so spread the word!!”
- “State should promote breastfeeding more.”

# CONTRACEPTION



## Mother *Not* Planning Pregnancy using Birth Control at Conception, Alabama PRAMS 2004



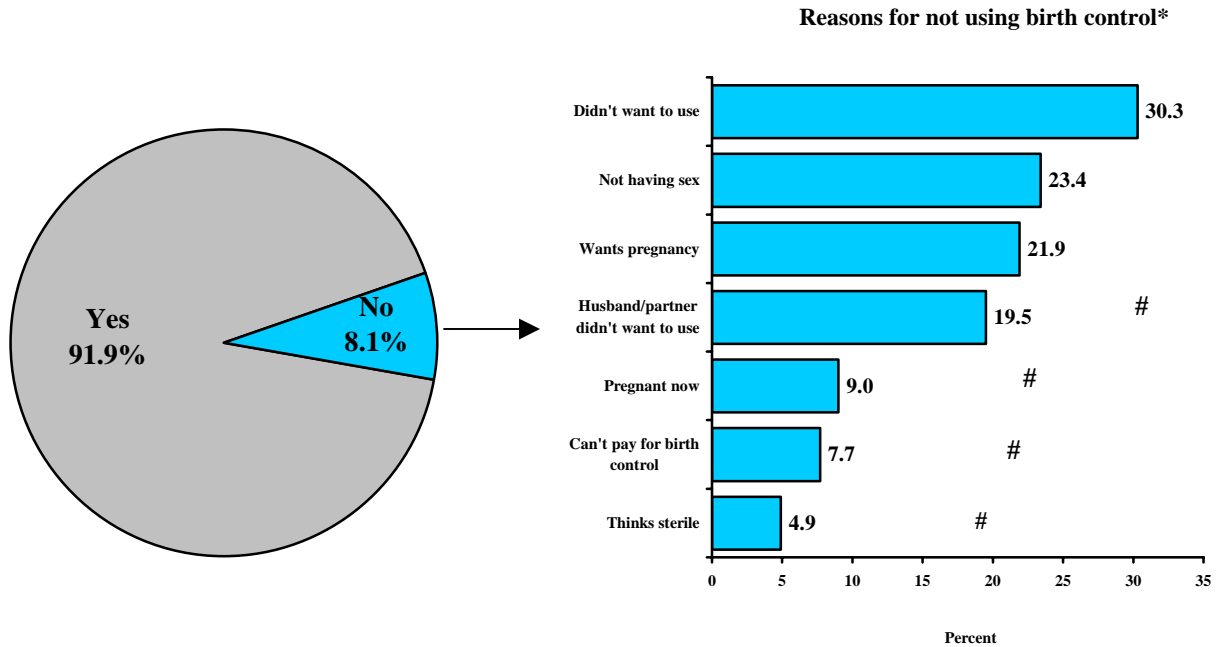
(Questions 11,12, & 13 of the PRAMS Survey) \* Items are not mutually exclusive.

In 2004, 56.4 percent of Alabama mothers *who did not want a pregnancy* answered “no” to using any kind of birth control to prevent it. A Healthy People 2010 objective is to increase the proportion of females at risk of unintended pregnancy who use contraception to 100 percent.

Not minding a pregnancy was the main reason for not using birth control. One in three mothers stated they did not realize they were at risk for a pregnancy therefore they used no contraception.

95% Confidence Intervals								
Birth Control	Yes	No	Didn't mind	Thought I couldn't	Husb/partner didn't want to use anything	Side effects	Trouble getting birth control	Thought sterile
Percent	39.0-48.3	51.7-61.1	36.0-47.9	27.1-38.7	21.3-32.0	11.4-20.2	4.5-11.6	4.2-10.2

## Mothers Currently Using Birth Control, Alabama PRAMS 2004

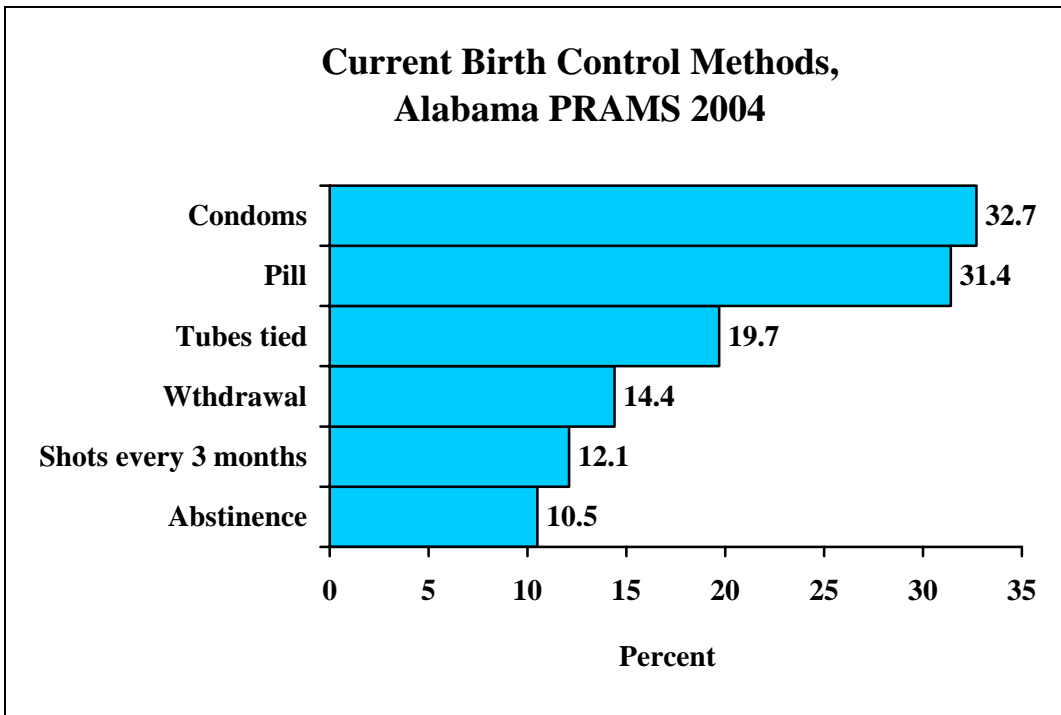


(Questions 58 & 60 of the PRAMS Survey) \*Items are not mutually exclusive.  
# Number of respondents are less than 20.

The correct usage of contraception is invaluable in preventing unintended pregnancies. Over 90 percent of Alabama mothers in 2004 reported they *were* using some sort of birth control at the time they participated in the survey. Of those who were not using birth control, one in three women said they did not want to use anything, 23 percent reported they were not having sex, 21.9 percent were wanting to be pregnant, and 19.5 percent reported their spouse or partner did not want to use any contraception. Nine percent reported that they were already pregnant again.

95% Confidence Intervals					
Birth Control	Yes	No	Didn't want to use anything	Not having sex	Wants a pregnancy
Percent	89.7-93.6	6.4-10.3	20.1-42.8	14.2-36.0	13.5-33.4

95% Confidence Intervals				
Birth Control	Husb/partner didn't want to use	Pregnant now	Can't pay for birth control	Thinks sterile
Percent	11.3-31.5	3.7-20.4	3.4-16.8	1.3-17.1



(Question 60 of the PRAMS Survey)

In 2004, one in three women reported condom usage as the preferred method of contraception. Slightly less, 31.4 percent, reported they were taking the pill. One in five women chose permanent sterilization and had their tubes tied after delivery.

<b>95% Confidence Intervals</b>			
Method of Birth Control	Condoms	Pill	Tubes tied
<b>Percent</b>	<b>29.3-36.4</b>	<b>28.1-35.0</b>	<b>16.9-22.9</b>

<b>95% Confidence Intervals</b>			
Method of Birth Control	Withdrawal	Shots every 3 mos.	Abstinence
<b>Percent</b>	<b>11.9-17.3</b>	<b>10.0-14.6</b>	<b>8.4-13.1</b>

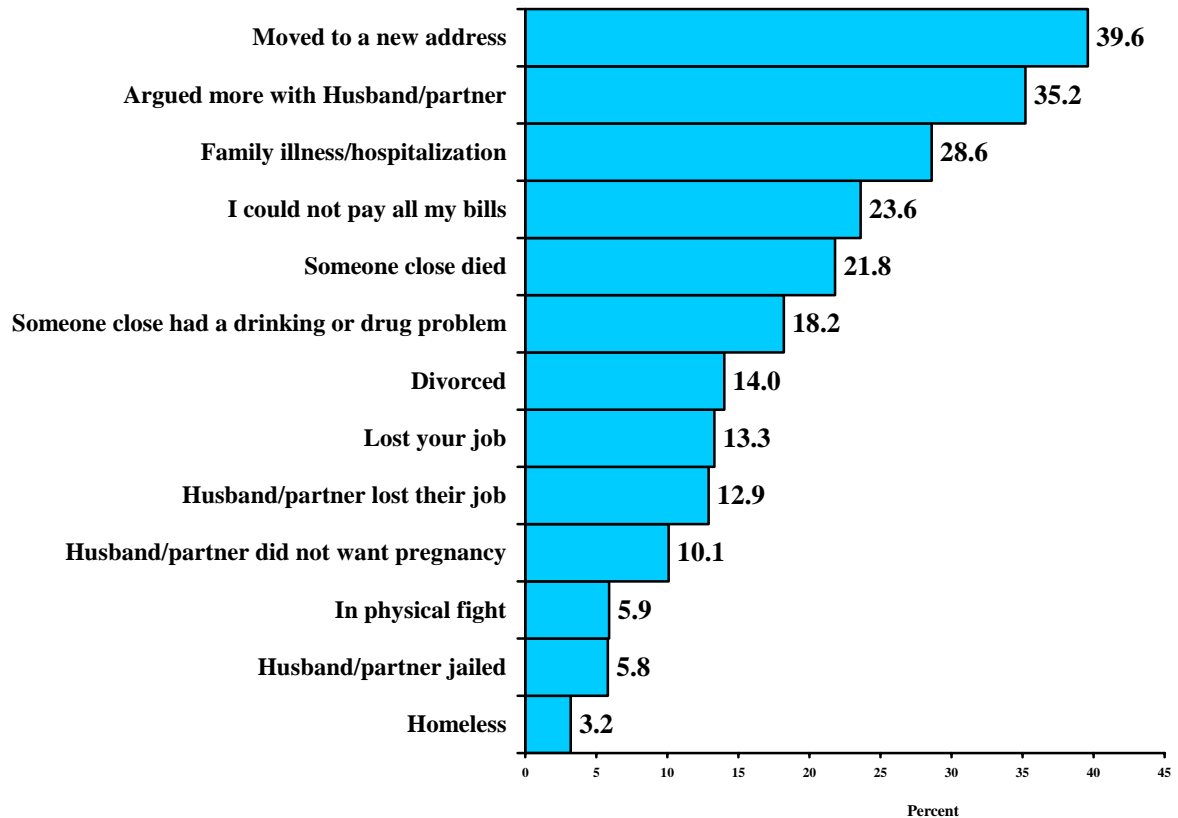
## Mothers' Birth Control Comments

- “I took my chances but didn’t no that I was going to get pregnant.”
- “I was told by my doctor that I could not have any more children because of cysts I had on my ovaries.”
- “I am breast feeding 2 babies full time and know the chances are quite low of my getting pregnant.”
- “Can’t use birth control because of cancer drugs.”
- “I told him he couldn’t get me pregnant and he had to prove me wrong.”
- “I have severe varicous veins in the legs. I can’t take birth control.”
- “We were careless a few times.”
- “Doctor’s thought I could not get pregnant due to cervix problems.”
- “I was recently taking birth control pills but they made me nausea so now I use condoms.”
- “I was on birth control and it did not work and I was starting to go through a divorce with the father.”
- “I thought it would be more difficult to get pregnant because of irregular cycle.”
- “Thought about IUD, but heard too many problems. I had also tried the pill before, and got depression from it. (Scared of most prevention methods) Breastfeeding was my 1<sup>st</sup> prevention: I quit earlier than I thought I would.”
- “I was nursing I thought I would not get pregnant. However, I didn’t mind if I got pregnant.”
- “I think more needs to be done to educate school age girls about becoming a mother. If they knew what it was really like they would make wiser choices.”
- “The patch should be covered by Medicaid.”
- “Using my ovulation time I thought I couldn’t get pregnant.”



# MISCELLANEOUS

### Sources of Stress 12 Months Before Pregnancy, Alabama PRAMS 2004



(Question 34 of the PRAMS Survey)

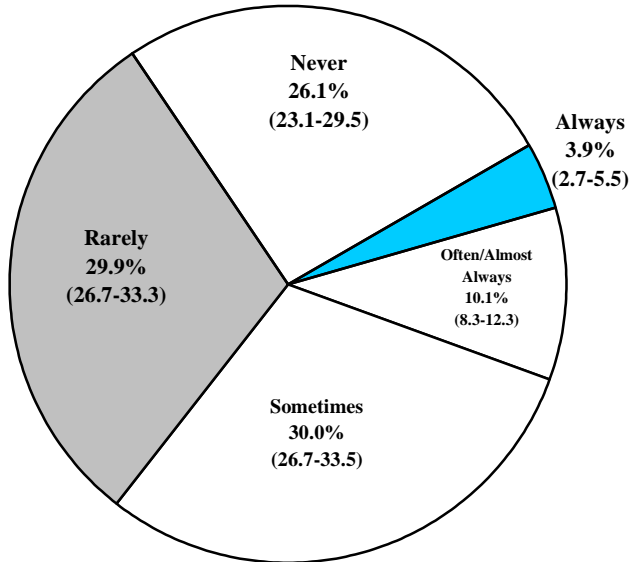
Stressful events experienced during pregnancy can have negative effects on the health of the expectant mother and her unborn baby. When asked about various sources of stress during the twelve months preceding delivery, 40 percent of Alabama mothers reported they had moved to a new address, 35.2 percent reported they argued more with their husband/partner, almost 30 percent had a family illness or hospitalization, and 23.6 reported they were unable to pay all of their bills. One in five mothers suffered the loss of someone close to them.

95% Confidence Intervals						
Source of Stress:	Moved	Argued more with Husb/partner	Family illness	Financial difficulties	Someone close died	Someone close with a drug/alcohol problem
Percent	36.2-43.2	31.9-38.7	25.4-31.9	20.7-26.8	19.0-24.9	15.6-21.2

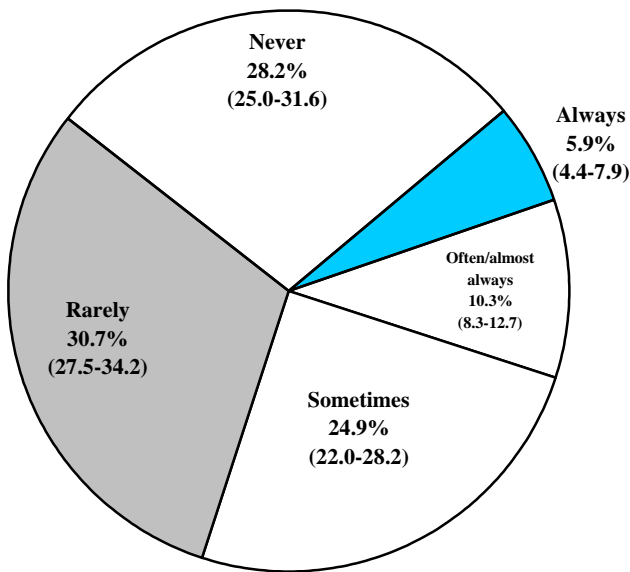
95% Confidence Intervals							
Source of Stress:	Divorced	Lost job	Husb/partner lost their job	Husb/partner did not want preg.	In physical fight	Husb/partner jailed	Homeless
Percent	11.8-16.6	11.1-16.0	10.8-15.4	8.2-12.5	4.5-7.8	4.3-7.7	2.2-4.8

## Mental Health of Mothers, Alabama PRAMS 2004

Question 65a asks, “*Since your new baby was born, how often have you felt down, depressed, or hopeless?*”



In 2004, 14.0 percent of Alabama mothers reported they **always or almost always** felt down, depressed, or hopeless since the birth of their baby. Nearly sixty percent reported feeling this way **sometimes** and on **rare** occasions.

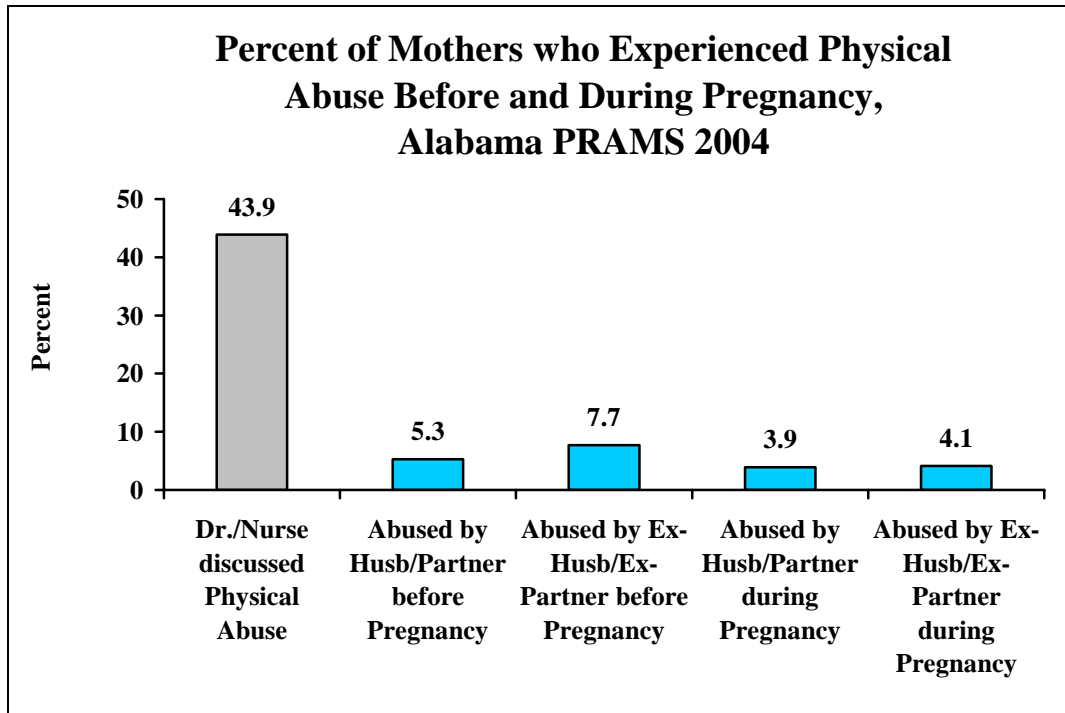


Question 65b asks, “*Since your new baby was born, how often have you had little interest or little pleasure in doing things?*”

When Alabama mothers asked how often they had little interest or received little pleasure in doing things, 16.2 percent responded they felt this way **always or almost always**.

Depression among women who have recently given birth has become an important healthcare issue. Some women experience feelings of sadness, anxiety, or irritability within hours to a few weeks after giving birth (called Baby Blues). However in some women, these feelings and mood swings do not disappear in a few weeks, but instead intensify and may last up to a year after giving birth. This type of depression is called postpartum depression. This more serious form of depression requires medication and possibly counseling to deal with the symptoms. In 2004 in Alabama, 11.1 percent of mothers reported they had been diagnosed with depression since the birth of their baby by their doctor or other health care worker.

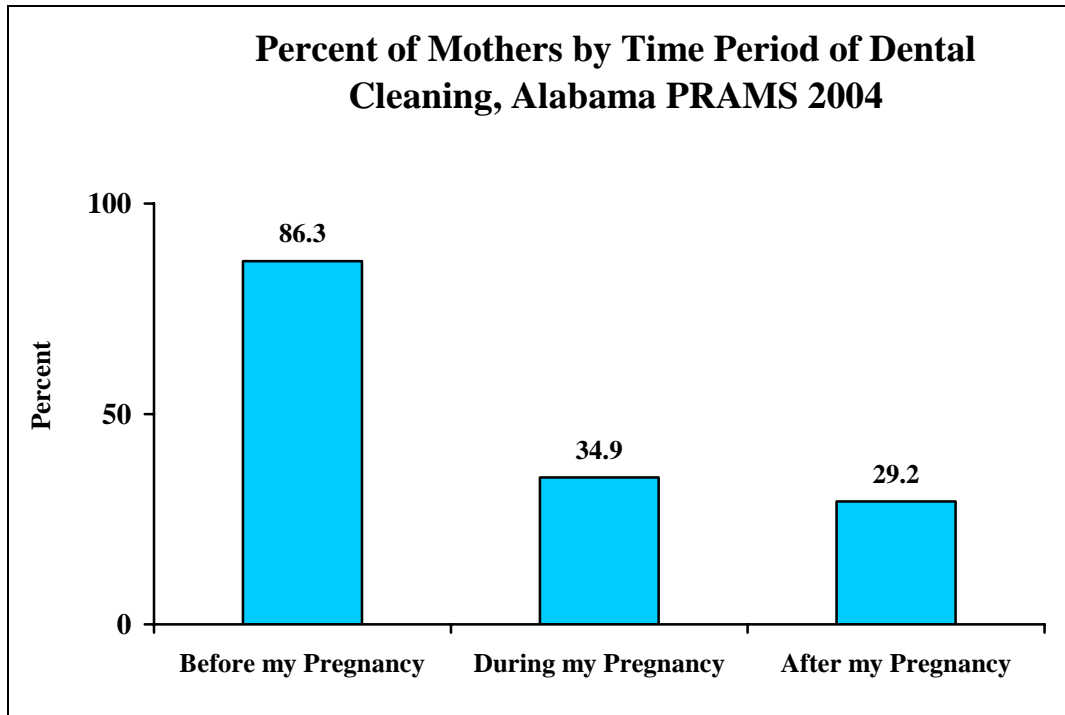




(Questions 20,35, & 36 of the PRAMS Survey)

One Healthy People 2010 Objective is to reduce the incidence of physical assault by a current or former husband or partner to 3.3 assaults per 1,000 persons (or 0.3 percent), aged 12 years or older. In 2004, one in twenty Alabama mothers reported physical abuse by their *current* husband/partner and one in thirteen mothers reported abuse by a *former* husband/partner twelve months before becoming pregnant. The abuse decreased **during pregnancy** by 26 percent by *current* spouse/partner and 46 percent by *former* husband/partner. Only the decrease in abuse reported **during pregnancy** by a *former* husband or partner was statistically significant.

95% Confidence Intervals					
Physical abuse	Abuse Discussed At Prenatal Visits	Abused by Current Husb/partner 12 mos. Before pregnancy	Abused by Former Husb/partner 12 mos. Before pregnancy	Abused by Current Husb/partner <u>During</u> pregnancy	Abused by Current Husb/partner <u>During</u> pregnancy
Percent	40.5-47.3	3.9-7.2	6.0-9.8	2.7-5.6	2.9-5.8

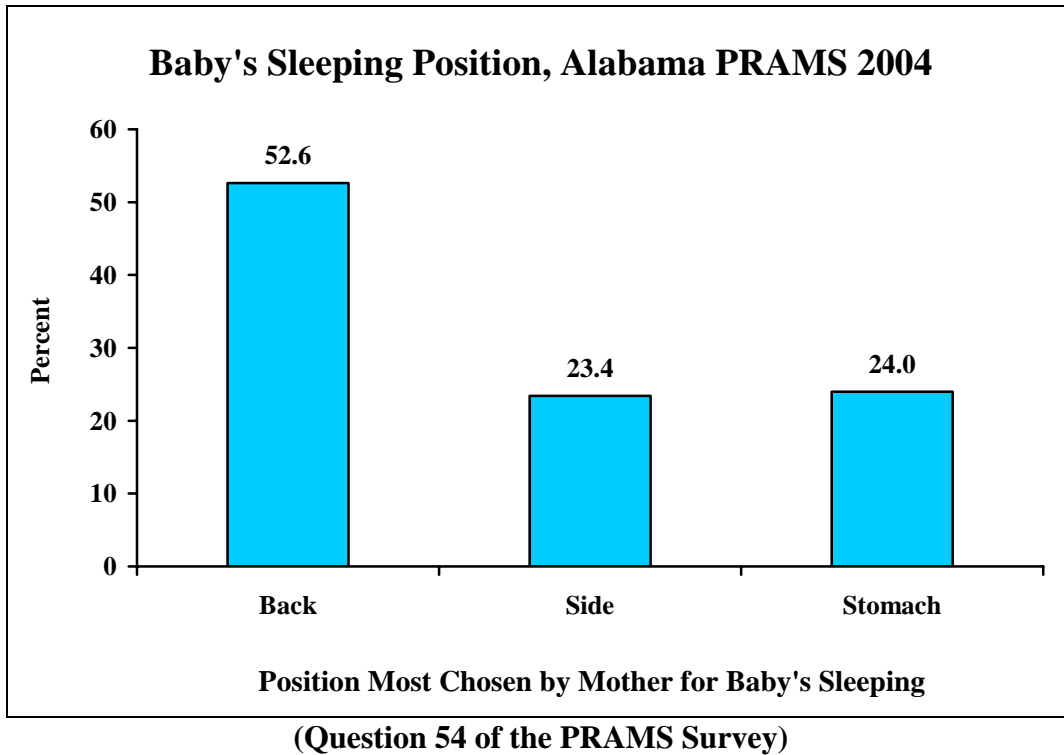


(Question 68 of the PRAMS Survey)

Periodontal diseases are serious dental infections caused by bacteria. Periodontal diseases can destroy bone and other structures that support the teeth. Pregnant women who have periodontitis are at increased risk of having a premature or preterm delivery. Non-surgical dental procedures are available to safely treat this condition in pregnant women.

In 2004 when Alabama mothers were asked, “When did you have your teeth cleaned by a Dentist or dental hygienist?” 86.3 percent reported having had their teeth cleaned *before* their most recent pregnancy, 34.9 percent had their teeth cleaned *during* their pregnancy, and 29.2 reported a cleaning *after* their most recent pregnancy. Twelve percent of Alabama mothers had never had a dental cleaning. If following the recommended guidelines for good dental health, all mothers should have visited the dentist at least once during their pregnancy for a check and cleaning.

95 % Confidence Intervals			
When cleaning was performed:	Before Pregnancy	During Pregnancy	After Pregnancy
Percent	83.3-88.8	31.1-38.9	25.6-33.1



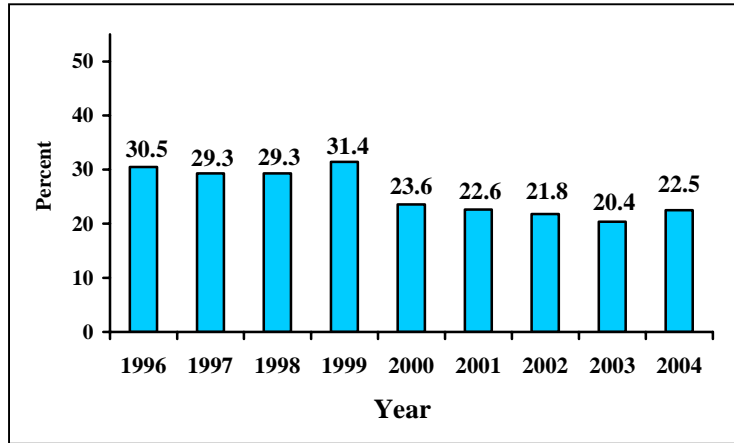
Health providers suggest placing an infant on his/her back (face up) for resting, sleeping, or when left alone can reduce the risk of Sudden Infant Death Syndrome or SIDS. A Healthy People 2010 objective is to increase the percentage of healthy full-term infants who are placed on their backs for sleeping to 70 percent.

In 2004 in Alabama, 47 percent of mothers reported placing their babies *most often* on their side or stomach for sleeping.

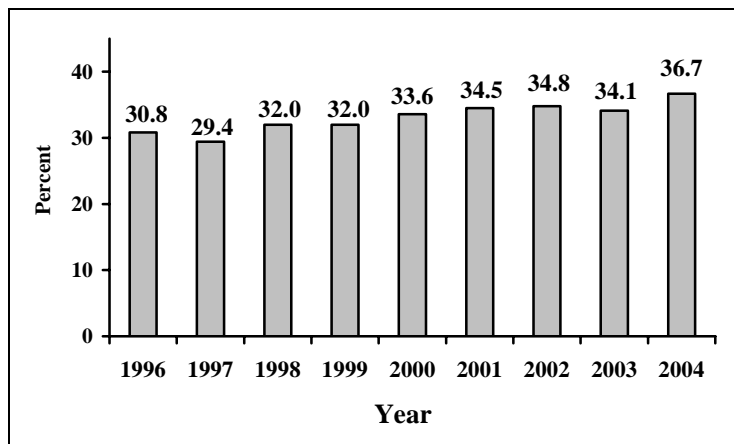
<b>95% Confidence Intervals</b>			
<b>Sleep Position</b>	<b>Back</b>	<b>Side</b>	<b>Stomach</b>
<b>Percent</b>	<b>48.8-56.4</b>	<b>20.3-26.8</b>	<b>20.9-27.5</b>

## Frequency of Infant Co-Sleeping, Alabama PRAMS 1996-2004 (Question 55 of the 2004 PRAMS Survey)

**Frequency of Infants Sleeping Alone (Never Co-Sleeps),  
Alabama PRAMS, 1996-2004**



**Frequency of Infants Always or Almost Always Co-Sleeping,  
Alabama PRAMS, 1996-2004**



The safest location for an infant to sleep is alone, in a crib (conforming to Consumer Product Safety Commission safety standards) which is free of extra bedding or soft toys and which is located near the parents' bed. These safety precautions reduce the risk of suffocation from soft, fluffy bedding or from accidental overlaying by someone sharing the bed with the infant.

In 2004, only one in five Alabama mothers never allowed their infant to co-sleep or share a bed with themselves or someone else, however 36.7 percent reported they always or almost always allowed their infants to co-sleep.

<b>95% Confidence Intervals- 2004 only</b>		
<b>Frequency</b>	<b>Never Co-sleeps</b>	<b>Always or Almost Always</b>
<b>Percent</b>	<b>19.6-25.7</b>	<b>33.3-40.2</b>

## Mothers' Miscellaneous Comments

- “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.”
- “If some of the mothers were like me had a lot of problems on the mind and stayed depressed it will become a health problem.”
- “I think medicaid should pay for dental work during pregnancy.”
- “I was struggling with post partum depression...”
- “I think the hospital should talk to the new mother about depression more and birth control.”
- “I think the hospital should have instructions about post partum depression including pamphlets...”
- “Need a way to care for our teeth.”
- “I believe depression should be actually be addressed for mothers after pregnancy...”
- “Stress! Women today especially mother’s, have a lot to handle.”
- “Mothers on Medicaid can’t get dental checkups and that is one of the most important things to take care of when you’re pregnant...”
- “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.”

### Positions for sleeping:

- “ ‘back’ Always!!!”
- “He has his own bed, but sleeps in my arms in our recliner a lot.”
- “Always sleeps in bed with parents @ night. I know this isn’t recommended, but couldn’t handle her sleeping in another room. Sleeps in crib or swing during the day.”
- “I know it is recommended that babies sleep on their backs, however, my baby prefer stomach.”
- “She sleeps in her bassinet unless she wakes up at 4-5 o’clock rage.”
- “on both But more on her back She’s only on her stomach will I watch her”
- “Half the night in her bed; half in ours.”

# **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 four 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. In 2004, the Phase 5 survey was implemented. 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 respond at different rates than women not possessing those characteristics. For example, the response rate for married women is higher than that for unmarried women.

**\*For 2004, 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; i.e. 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 2004 were approximately as follows:

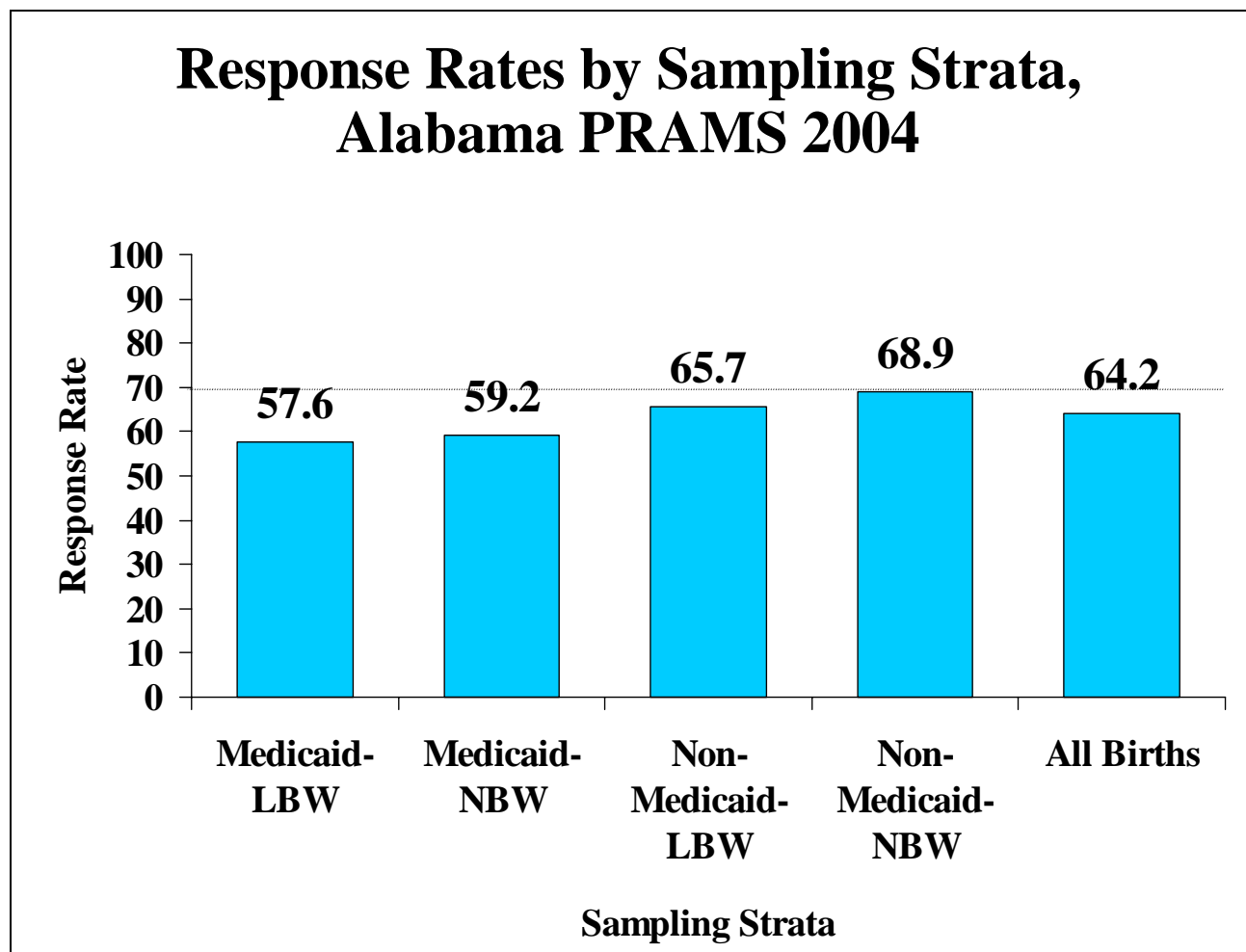
Medicaid low birth weight	2:11
Medicaid normal birth weight	1:42
Non-Medicaid low birth weight	1:5
Non-Medicaid normal birth weight	1:58

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.

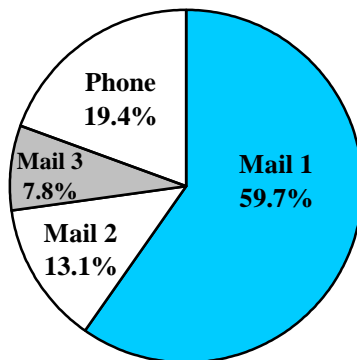


## Response Rates



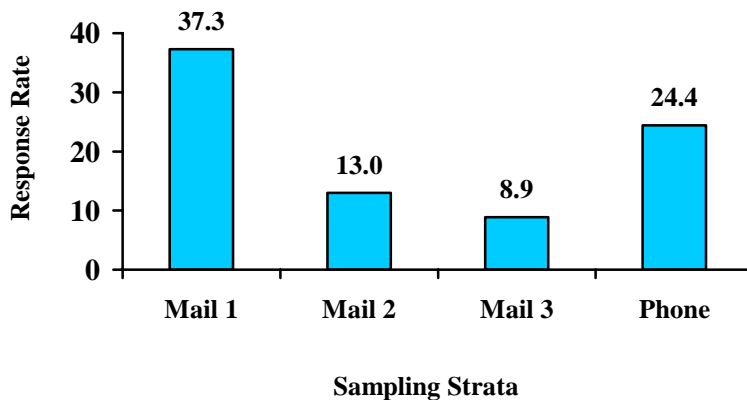
As a rule of thumb, CDC requires at least 400 completed questionnaires and a response rate of 70 percent in each stratum. In 2004, the response rates for all four of the strata were below 70 percent, with the highest rate of 68.9 percent among non-Medicaid NBW births and the lowest rate of 57.6 percent for Medicaid LBW births. The overall response rate for the four strata was 64.2 percent. Because the CDC requires an overall weighted response rate of 70 percent to insure data is of the highest quality, caution should be used in interpreting data reported from 2004.

**Percent Distribution of Completed Questionnaires by Survey Phase of Completion, Alabama PRAMS 2004**



The majority of completed surveys, 59.7 percent, were received as a result of the initial mailing or mail 1. The mail 2 accounted for 13.1 percent of completed questionnaires, and mail 3 accounted for 7.8 percent. Of the total number of completed surveys, 19.4 percent resulted from phone phase.

**Response Rates by Survey Phase, Alabama PRAMS 2004**



Of all women who received the first mailing, 37.3 percent responded. The second mailing had a 13.0 percent response rate. The response rate for the third mailing was 8.9 percent in 2004, and the response rate for the phone phase was 24.4 percent. One source of bias in the survey is the possibility that mothers may answer some of the questions differently depending upon whether they respond by mail or telephone.



**PRAMS**

**SURVEY**

**QUESTIONS**

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

**1. Just before you got pregnant, did you have health insurance? (Do not count Medicaid.)**

No  
Yes

**2. Just before you got pregnant, were you on Medicaid?**

No  
Yes

**3. During the *month before* you got pregnant with your new baby, how many times a week did you take a multivitamin or a prenatal vitamin?**

These are pills that contain many different vitamins and minerals.

I didn't take a multivitamin or a prenatal vitamin 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?**

\_\_\_\_ 19\_\_\_\_  
Month Day Year

**5. Just before you got pregnant with your new baby, how much did you weigh?**

\_\_\_\_ Pounds OR \_\_\_\_ Kilos

**6. How tall are you without shoes?**

\_\_\_\_ Feet \_\_\_\_ Inches  
OR \_\_\_\_ Centimeters

**7. Before you got pregnant with your new baby, did you ever have any other babies who were born alive?**

No →   
Yes

**8. Did the baby born *just before* your new one weigh 5 pounds, 8 ounces (2.5 kilos) or less at birth?**

No  
Yes

**9. Was the baby *just before* your new one born *more* than 3 weeks before its due date?**

No  
Yes

**The next questions are about the time when you got pregnant with your *new* baby.**

**10. Thinking back to *just before* you got pregnant with your *new* baby, how did you feel about becoming pregnant?**

Check one answer

- 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 get pregnant?**

No

Yes



Go to Question 15

**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] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, 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 all 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:**

\_\_\_\_\_

**If you or your husband or partner was not doing anything to keep from getting pregnant, go to Question 15.**

**14. When you got pregnant with your new baby, what were you or your husband or partner doing to keep from getting pregnant?**

Check all that apply

- Tubes tied or closed (female sterilization)
- Vasectomy (male sterilization)
- Pill
- Condoms
- Shot once a month (Lunelle®)
- Shot once every 3 months (Depo-Provera®)
- Contraceptive patch (OrthoEvra®)
- Diaphragm, cervical cap, or sponge
- Cervical ring (NuvaRing® or others)
- IUD (including Mirena®)
- Rhythm method or natural family planning
- Withdrawal (pulling out)
- Not having sex (abstinence)

**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 the calendar when you answer these questions.)**

**15. 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

**16. How many weeks or months pregnant were you when you had your first visit for prenatal care? (Do not 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

**17. Did you get prenatal care as early in your pregnancy as you wanted?**

- No
- Yes

**I didn't want prenatal care**



Go to Question 19

**18. Here is a list of problems some women can have getting prenatal care.** For each item, circle **Y** (Yes) if it was a problem for you during your most recent pregnancy or circle **N** (No) if it was not a problem or did not apply to you.

	No	Yes
a. I couldn't get an appointment when I wanted one.....	N	Y
b. I didn't have enough money or insurance to pay for my visits.....	N	Y
c. I had no way to get to the clinic or doctor's office.....	N	Y
d. I couldn't take time off from work.....	N	Y
e. The doctor or my health plan would not start care as early as I wanted.....	N	Y
f. I didn't have my Medicaid card.....	N	Y
g. I had no one to take care of my children.....	N	Y
h. I had too many other things going on.....	N	Y
i. I didn't want anyone to know I was pregnant.....	N	Y
j. Other .....	N	Y

Please tell us:

**If you did not go for prenatal care, go to Question 21**

**19. How was your prenatal care paid for?**

Check all that apply

- Medicaid
- Personal income (cash, check, or credit card)
- Health insurance or HMO (including insurance from your work or your husband's work)
- Military
- Health department

**Other**      →      **Please tell us:**

**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 **N** (No) if no one talked with you about it.

	No	Yes
a. How smoking during pregnancy could affect my baby.....	N	Y
b. Breastfeeding my baby.....	N	Y
c. How drinking alcohol during pregnancy could affect my baby.....	N	Y
d. Using a seat belt during my pregnancy.....	N	Y
e. Birth control methods to use after my pregnancy.....	N	Y
f. Medicines that are safe to take during my pregnancy.....	N	Y
g. How using illegal drugs could affect my baby.....	N	Y
h. Doing tests to screen for birth defects or diseases that run in my family.....	N	Y
i. What to do if my labor starts early.....	N	Y
j. Getting tested for HIV (the virus that causes AIDS).....	N	Y
k. Physical abuse to women by their husbands or partners.....	N	Y



**21. At any time during your most recent pregnancy or delivery, did you have a test for HIV (the virus that causes AIDS)?**

- No
- Yes
- I don't know

**22. Have you ever heard or read that taking the vitamin folic acid can help prevent some birth defects?**

- No
- Yes

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

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

No



Go to Question 25

Yes

**24. When you went for WIC visits during your most recent pregnancy, did you receive information on breastfeeding?**

- No
- Yes

**25. Did you have any of these problems during your most recent pregnancy?** For each item, circle Y (Yes) if you had the problem or circle N (No) if you did not.

	No	Yes
a. High blood sugar (diabetes) that started <i>before</i> this pregnancy.....	N	Y
b. High blood sugar (diabetes) that started <i>during</i> this pregnancy.....	N	Y
c. Vaginal bleeding.....	N	Y
d. Kidney or bladder (urinary tract) infection .....	N	Y
e. Severe nausea, vomiting, or dehydration.....	N	Y
f. Cervix had to be sewn shut (incompetent cervix).....	N	Y
g. High blood pressure, hypertension (including pregnancy-induced hypertension [PIH]), preeclampsia, or toxemia.....	N	Y
h. Problems with the placenta (such as abruptio placentae or placenta previa).....	N	Y
i. Labor pains more than 3 weeks before my baby was due (preterm or early labor).....	N	Y
j. Water broke more than 3 weeks before my baby was due (premature rupture of membranes [PROM]).....	N	Y
k. I had to have a blood transfusion.....	N	Y
l. I was hurt in a car accident.....	N	Y

If you did not have any of these problems, go to Question 27

**26. Did you do any of the following things because of these problems?** For each item, circle **Y** (Yes) if you did that thing or circle **N** (No) if you did not.

	<b>No</b>	<b>Yes</b>
a. I went to the hospital or emergency room and stayed less than 1 day.....	N	Y
b. I went to the hospital and stayed 1 to 7 days.....	N	Y
c. I went to the hospital and stayed more than 7 days.....	N	Y
d. I stayed in bed at home more than 2 days because of my doctor's or nurse's advice....	N	Y

**The next questions are about smoking cigarettes and drinking alcohol.**

**27. Have you smoked at least 100 cigarettes in the past 2 years?** (A pack has 20 cigarettes.)

No



Go to Question 31

Yes

**28. In the 3 months before you got pregnant, how many cigarettes did you smoke on an average day?**  
(A pack has 20 cigarettes.)

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- None (0 cigarettes)

**29. In the last 3 months of your pregnancy, how many cigarettes did you smoke on an average day?**  
(A pack has 20 cigarettes.)

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- None (0 cigarettes)

**30. How many cigarettes do you smoke on an average day now?** (A pack has 20 cigarettes.)

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- None (0 cigarettes)

**31. Have you had any alcoholic drinks in the past 2 years?** (A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.)

No



Go to Question 34

Yes

**32a. During the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week?**

- 14 drinks or more a week
- 7 to 13 drinks a week
- 4 to 6 drinks a week
- 1 to 3 drinks a week
- Less than 1 drink a week
- I didn't drink then

**32b. During the 3 months before you got pregnant, how many times did you drink 5 alcoholic drinks or more in one sitting?**

- 6 or more times
- 4 to 5 times
- 2 to 3 times
- 1 time
- I didn't have 5 drinks or more in 1 sitting
- I didn't drink then

**33a. During the last 3 months of your pregnancy, how many alcoholic drinks did you have in an average week?**

- 14 drinks or more a week
- 7 to 13 drinks a week
- 4 to 6 drinks a week
- 1 to 3 drinks a week
- Less than 1 drink a week
- I didn't drink then

**33b. During the last 3 months of your pregnancy, how many times did you drink 5 alcoholic drinks or more in one sitting?**

- 6 or more times
- 4 to 5 times
- 2 to 3 times
- 1 time
- I didn't have 5 drinks or more in 1 sitting
- I didn't drink then

**Pregnancy can be a difficult time for some women. The next question is about things that may have happened before and during your most recent pregnancy.**

**34. This question is about things that may have happened during the 12 months before 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.)**

	No	Yes
a. A close family member was very sick and had to go into the hospital.....	N	Y
b. I got separated or divorced from my husband or partner.....	N	Y
c. I moved to a new address.....	N	Y
d. I was homeless.....	N	Y
e. My husband or partner lost his job.....	N	Y
f. I lost my job even though I wanted to go on working.....	N	Y
g. I argued with my husband or partner more than usual.....	N	Y
h. My husband or partner said he didn't want me to be pregnant.....	N	Y
i. I had a lot of bills I couldn't pay.....	N	Y
j. I was in a physical fight.....	N	Y
k. My husband or partner or I went to jail.....	N	Y
l. Someone very close to me had a bad problem with drinking or drugs.....	N	Y
m. Someone very close to me died.....	N	Y

**The next questions are about the time during the 12 months before you got pregnant with your new baby.**

**35a. During the 12 months before you got pregnant, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?**

- No
- Yes

**35b. During the 12 months before you got pregnant, were you physically hurt in any way by your husband or partner?**

- No
- Yes

**The next questions are about the time during your most recent pregnancy.**

**36a. During your most recent pregnancy, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?**

No  
Yes

**36b. During your most recent pregnancy, were you physically hurt in any way by your husband or partner?**

No  
Yes

**The next questions are about your labor and delivery.** (It may help to look at the calendar when you answer the questions.)

**37. When was your baby due?**

\_\_\_\_\_  
Month      Day      Year

**38. When did you go into the hospital to have your baby?**

\_\_\_\_\_  
Month      Day      Year

I didn't have my baby in a hospital

**39. When was your baby born?**

\_\_\_\_\_  
Month      Day      Year

**40. When were you discharged from the hospital after your baby was born?**  
(It may help to use the calendar.)

\_\_\_\_\_  
Month      Day      Year

I didn't have my baby in a hospital

**41. How was your delivery paid for?**

Check all that apply

Medicaid  
Personal income (cash, check, or credit card)  
Health insurance or HMO (including insurance from your work or your husband's work)  
Military  
Health department

**Other**      →      **Please tell us:**  
\_\_\_\_\_

The next questions are about the time since your new baby was born.

**42. After your baby was born, was he or she put in an intensive care unit?**

- No
- Yes
- I don't know

**43. After your baby was born, how long did he or she stay in the hospital?**

- Less than 24 hours (less than 1 day)
- 24–48 hours (1–2 days)
- 3 days
- 4 days
- 5 days
- 6 days or more
- My baby was not born in a hospital

**My baby is still in the hospital**



**Go to Question 46**

**44. Is your baby alive now?**

No



**Go to Question 58**

Yes

**45. Is your baby living with you now?**

No



**Go to Question 58**

Yes

**46. Did you ever breastfeed or pump breast milk to feed your new baby after delivery?**

No

Yes



**Go to Question 48**

**47. What were your reasons for not breastfeeding your new baby?**

Check all that apply

- My baby was sick and could not breastfeed
- I was sick or on medicine
- I had other children to take care of
- I had too many household duties
- I didn't like breastfeeding
- I didn't want to be tied down
- I was embarrassed to breastfeed
- I went back to work or school
- I wanted my body back to myself

**Other** → **Please tell us:**

\_\_\_\_\_

If you did not breastfeed your new baby, go to Question 52.

**48. Are you still breastfeeding or feeding pumped milk to your new baby?**

No

Yes



Go to Question 51

**49. How many weeks or months did you breastfeed or pump milk to feed your baby?**

\_\_\_\_\_ Weeks OR \_\_\_\_\_ Months

Less than 1 week

**50. What were your reasons for stopping breastfeeding?**

Check all that apply

- My baby had difficulty nursing
- Breast milk alone did not satisfy my baby
- I thought my baby was not gaining enough weight
- My baby got sick and could not breastfeed
- My nipples were sore, cracked, or bleeding
- I thought I was not producing enough milk
- I had too many other household duties
- I felt it was the right time to stop breastfeeding
- I got sick and could not breastfeed
- I went back to work or school
- I wanted or needed someone else to feed the baby
- My baby was jaundiced (yellowing of the skin or whites of the eyes)

**Other** → **Please tell us:**

\_\_\_\_\_

**51. 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 1 week old  
I have not fed my baby anything besides breast milk

If your baby was not born in a hospital, go to Question 53.

**52. This question asks about things that may have happened at the hospital where your new baby was born.** For each item, circle **Y** (Yes) if it happened or circle **N** (No) if it did not happen .

	No	Yes
a. Hospital staff gave me information about breastfeeding.....	N	Y
b. My baby stayed in the same room with me at the hospital.....	N	Y
c. I breastfed my baby in the hospital.....	N	Y
d. I breastfed my baby in the first hour after my baby was born.....	N	Y
e. Hospital staff helped me learn how to breastfeed.....	N	Y
f. My baby was fed only breast milk at the hospital.....	N	Y
g. Hospital staff told me to breastfeed whenever my baby wanted.....	N	Y
h. The hospital gave me a gift pack with formula.....	N	Y
i. The hospital gave me a telephone number to call for help with breastfeeding.....	N	Y
j. My baby used a pacifier in the hospital.....	N	Y

If your baby is still in the hospital, go to Question 58.

**53. About how many hours a day, on average, is your new baby in the same room with someone who is smoking?**

\_\_\_\_\_ Hours

Less than 1 hour a day  
My baby is never in the same room with someone who is smoking.

**54. How do you *most often* lay your baby down to sleep now?**

On his or her side  
On his or her back  
On his or her stomach

Check one answer



**55. How often does your new baby sleep in the same bed with you or anyone else?**

- Always
- Often/Almost always
- Sometimes
- Rarely
- Never

**56. Was your baby seen by a doctor, nurse, or other health care provider during the first week after he or she left the hospital?**

- No
- Yes

**57. Has your baby had a well-baby checkup?** ( A well-baby checkup is a regular health visit for your baby usually at 2, 4, or 6 months of age.)

- No
- Yes

**58. 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 not having sex at certain times [rhythm] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.)

No

Yes



Go to Question 60

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

- 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

Check all that apply

**Other**



**Please tell us:**

\_\_\_\_\_

If you or your husband or partner is not doing anything to keep from getting pregnant *now*, go to Question 61.

**60. 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 or closed (female sterilization)
- Vasectomy (male sterilization)
- Pill
- Condoms
- Shot once a month (Lunelle®)
- Shot once every 3 months (Depo-Provera®)
- Contraceptive patch (OrthoEvra®)
- Diaphragm, cervical cap, or sponge
- Cervical ring (NuvaRing® or others)
- IUD (including Mirena®)
- Rhythm method or natural family planning
- Withdrawal (pulling out)
- Not having sex (abstinence)

**Other** → **Please tell us:**

\_\_\_\_\_

The next few questions are about the time during the *12 months before your new baby was born.*

**61. During the *12 months before your new baby was born*, what were the sources of your household's income?**

Check all that apply

- Paycheck or money from a job
- Money from family or friends
- Money from a business, fees, dividends, or rental income
- 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, disability, veteran benefits, or pensions

**Other** → **Please tell us:**

\_\_\_\_\_

**62. During the *12 months before your new baby was born*, what was your total household income before taxes?** Include your income, your husband's or partner's income, and any other income you may have used. (All information will be kept private and will not affect any services you are now getting.)

Check one answer

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 or more

**63. During the 12 months before your new baby was born, how many people, including yourself, depended on this income?**

\_\_\_\_\_ People

The next few questions are on a variety of topics.

**64. During your most recent pregnancy did a doctor, nurse, or other health care worker tell you that you had any of the following diseases or infections?** For each one, circle **Y** (Yes) if you were told you had the disease or infection or circle **N** (No) if you were not told you had the disease or infection.

	No	Yes
a. Urinary tract infection (UTI) .....	N	Y
b. Yeast infections .....	N	Y
c. Group B Strep (Beta Strep) .....	N	Y
d. Bacterial vaginosis .....	N	Y
e. Trichomoniasis (Trich) .....	N	Y
f. Chlamydia .....	N	Y
g. Genital warts (HPV) .....	N	Y
h. Herpes .....	N	Y
i. Gonorrhea .....	N	Y
j. Syphilis .....	N	Y
k. Pelvic Inflammatory Disease (PID) .....	N	Y
l. Human Immunodeficiency Virus (HIV) .....	N	Y

**65a. Since your new baby was born, how often have you felt down, depressed, or hopeless?**

- Always
- Often
- Sometimes
- Rarely
- Never

**65b. Since your new baby was born, how often have you had little interest or little pleasure in doing things?**

- Always
- Often
- Sometimes
- Rarely
- Never

**66. Since your new baby was born, has a doctor, nurse, or other health care worker diagnosed you with depression?**

- No
- Yes

**67. Have you ever had your teeth cleaned by a dentist or dental hygienist?**

No



Go to Question 69

Yes

**68. When did you have your teeth cleaned by a dentist or a dental hygienist?** For each of the three time periods, circle **Y** (Yes) if you had your teeth cleaned then or circle **N** (No) if you did not have your teeth cleaned then.

- a. Before my most recent pregnancy.....N Y
- b. During my most recent pregnancy.....N Y
- c. After my most recent pregnancy.....N Y

**69. What is today's date?**

Month	Day	Year

**Please use this space for any additional comments you would like to make about the health of mothers and babies in Alabama.**

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

Alabama  
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of Public Health



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