PRAMS Surveillance Report Alabama 2008

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PRAMS SURVEILLANCE REPORT ALABAMA 2008

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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. Currently, Alabama has Spanish speaking interviewers.

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 over sampled. 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 61,382 live births which occurred in Alabama in 2008 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 2008, 753 questionnaires were completed from 1,262 sampled. The overall **unweighted** response rate was 59.7 percent, and the **weighted** response rate was 60 percent. Because the CDC requires an overall weighted response rate of 65 percent to insure data is of the highest quality, caution should be used in interpreting data reported from 2008.

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.

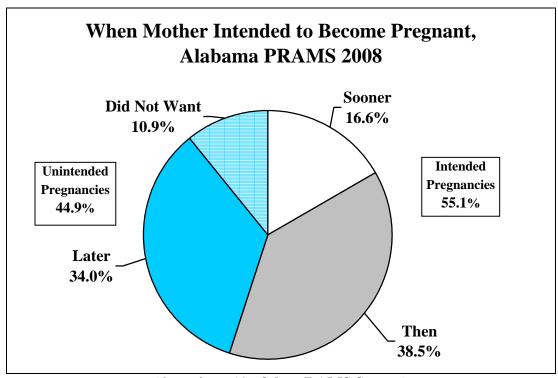
2008 Alabama PRAMS Surveillance Report Highlights

- 44.9 percent of Alabama births were unintended.
- 59.1 percent of Alabama mothers did not take any multivitamins before becoming pregnant.
- 24.9 percent of Alabama mothers reported have a urinary tract infection (UTI) during pregnancy.
- 15.6 percent of Alabama mothers indicated they continued smoking during pregnancy.
- 5.1 percent of Alabama mothers drank alcoholic beverages on a weekly basis during the last three months of pregnancy.
- 68.7 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, participated in the Supplemental Food Program for Women, Infants, and Children (WIC) during pregnancy.
- 63.0 percent of Alabama mothers initiated breastfeeding their infants.
- 56.6 percent of Alabama women who did not plan to become pregnant reported using no birth control when they became pregnant.
- At the time of the survey (postpartum), 88.1 percent of mothers were using some form of birth control.
- 35.0 percent of Alabama mothers reported they moved to a new address during their pregnancy.
- 12.6 percent of Alabama mothers reported they *always or almost always* felt down, depressed, or hopeless since the birth of their baby. 57.4 percent reported feeling this way *sometimes or on rare occasions*.
- 9.3 percent of Alabama mothers reported being *diagnosed* by their doctor or health care worker with depression since the birth of their infant.
- 34.3 percent of Alabama mothers reported having a dental cleaning during their pregnancy.
- 63.2 percent of Alabama mothers most often lay their babies on their backs for sleeping.
- 27.9 percent of mothers *never* allow their infant to co-sleep or share a bed with himself or herself or another person. 31.7 reported they *always or almost always* allow their infants to co-sleep.

Mothers' General Comments

- "I had two good pregnancies and labors. Both of my babies are healthy. I didn't drink or smoke during either one."
- "Maybe this will help other mothers realize how important it is to stay healthy during your pregnancy. There's nothing like having a little miracle in your life."
- "Before having my newborn, I had two miscarriages. I was heartbroken. Now I have a wonderful little girl. I hope this helps other parents and newborn babies."
- "I hope this program works out well and that these answers from every mother can help you out. Thank you for letting me be a part of this and being a help in some ways."
- "I talk to my baby a lot and try to be with her as much as possible. This has resulted in her smiling all the time and she is a very happy baby."
- "I think it is wonderful that you do these types of things to help future mothers and babies. Thank you for giving me the chance to be part of this."
- "I hope my answers help and I am willing to participate in future surveys if needed.
 Thanks for all you are doing to make babies and mothers healthier."

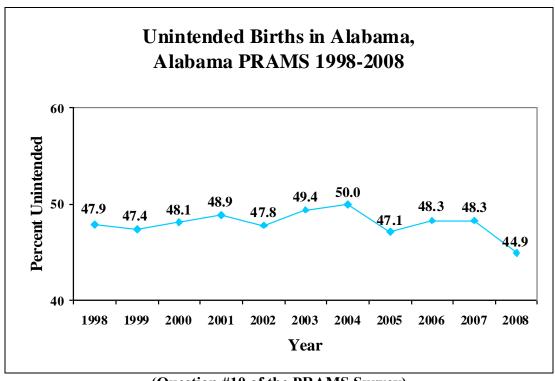
INTENDEDNESS OF BIRTHS



(Question #10 of the PRAMS Survey)

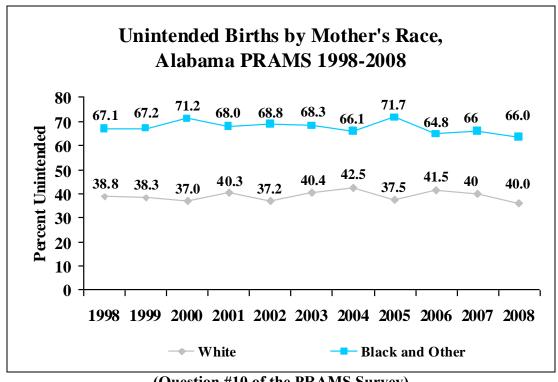
Pregnancies that are unwanted or mistimed are an important health care issue. The health of the infant is directly affected by the mother's attitude, behaviors, and experiences during the pregnancy. In 2008, 44.9 percent of Alabama mothers reported their pregnancies as *unintended*. Over one-third of Alabama women said they wanted to be pregnant *later* (34.0 percent), and 10.9 percent said they did not want to be pregnant then or at any time in the future. On the other hand, 55.1 percent of Alabama mothers reported either wanting to be pregnant *then* (38.5 percent) or even *sooner* (16.6 percent). The Healthy People 2010 Objective is to increase the proportion of pregnancies that are intended to 70 percent. Alabama women are still far from meeting this goal.

	95 % Confidence Intervals												
Intention	Sooner	Then	Later	Did Not Want	Intended	Unintended							
Percent	14.1-19.4	35.1-42.1	30.7-37.6	8.8-13.4	51.5-58.6	41.4-48.5							



During the past twelve years, the highest percentage of unintended pregnancies occurred in 2004 at 50.0 percent. From 2007 to 2008, there was a 7.0% decrease in unintended births in Alabama. The difference from year to year has not been statistically significant.

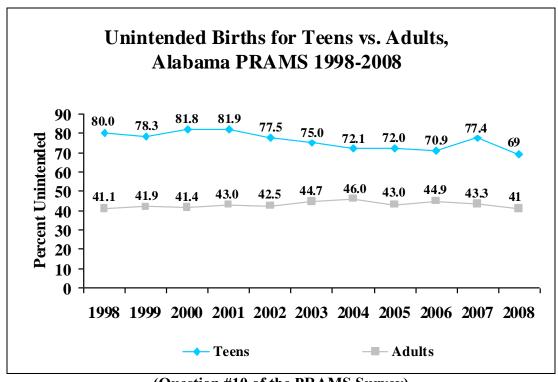
	95 % Confidence Intervals												
Year	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008		
% Unintended	44.9-50.9	44.3-50.5	45.2-51.1	46.0-51.7	44.8-50.8	46.3-52.5	46.5-53.5	43.7-50.6	44.9-51.8	44.8-51.8	41.4-48.5		



(Question #10 of the PRAMS Survey)

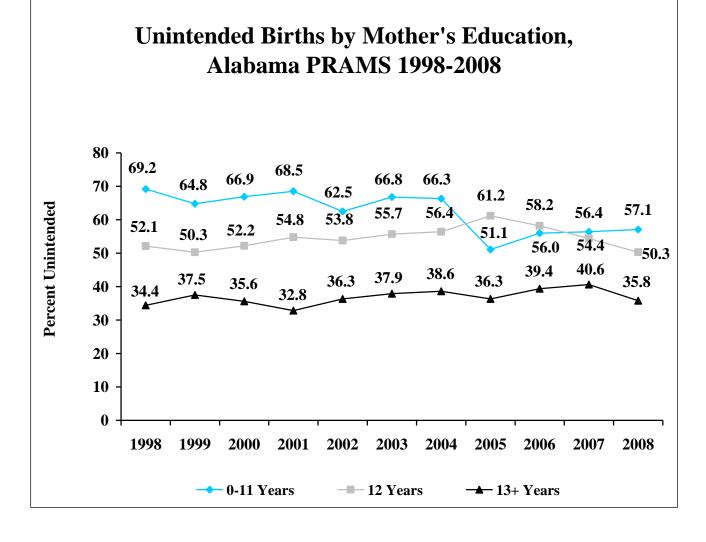
For the past ten years, the percentage of unintended births has been considerably higher among black and other race women than among white women. From 2007-2008, the percentage of unintended births to black and other women decreased by 3.8 percent, and the percentage of unintended births decreased by 10.0 percent from 2007-2008 among white women. The percent change in both populations is not statistically significant.

	95 % Confidence Intervals													
Year	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008			
White	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	33.6-41.6	37.5-45.7	35.9-44.2	32.1-40.2			
Black & Other	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	65.3-77.3	58.3-70.8	59.8-71.7	56.7-69.9			



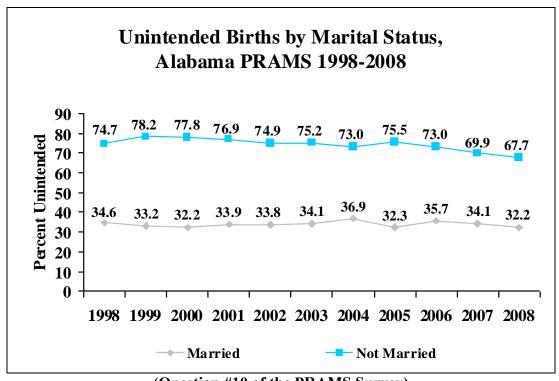
An inverse correlation exists between unintended births and maternal age, or as maternal age increases the percent of unintended births decreases. Teens, 10 to 19 years of age, have a higher percentage of unintended pregnancies than adult women. One possible explanation for this trend is that older women are more capable of controlling the timing and spacing of pregnancies than are teenagers. From 2001 through 2008, a decrease of 15.8 percent in the percentage of unintended pregnancies among Alabama's teenagers was seen, but from 2006 to 2007 there was a 9.2 percentage increase. And from 2007 to 2008 there was a 10.9 percentage decrease .The highest percentage in twelve years of unintended pregnancies among adult women was reported in 2004. The percent difference in either age group was not statistically significant.

	95 % Confidence Intervals												
Year 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008													
Teens	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	62.9-79.5	61.2-79.1	67.7-84.8	59.0-77.4		
Adults	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	39.3-46.8	41.2-48.6	39.7-47.1	37.3-44.9		



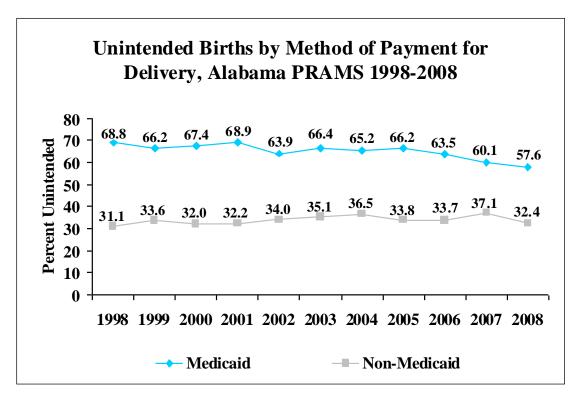
An inverse correlation exists between unintended births and a mother's education, or as the amount of formal education increases, the percent of unintended births decreases. However in 2005, a 22.9% decrease in unintended pregnancies was reported among women with the lowest level of education, but from 2005-2008, there was a 12.0% increase among women with the lowest level of education. And a slight decrease was seen among women with 12 years of education. There was a slight decrease in unintended births among women with the highest levels of education from 2007 to 2008. None of these changes were statistically significant.

	95 % Confidence Intervals														
Year/ Education	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008				
0-11 yrs.	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	43.2-58.8	48.0-63.8	47.6-64.9	48.4-65.3				
12 yrs.	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	54.8-67.3	51.4-64.8	47.9-60.8	43.6-56.9				
13 plus yrs.	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	31.5-41.3	34.8-44.2	36.1-45.3	31.2-40.7				



The percent of unintended births to unmarried women was more than twice that of married women in 2008. 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. From 2007-2008, neither the 3.1 percent decrease of unintended births among unmarried women nor the 5.6 percent decrease of unintended births among married women was statistically significant.

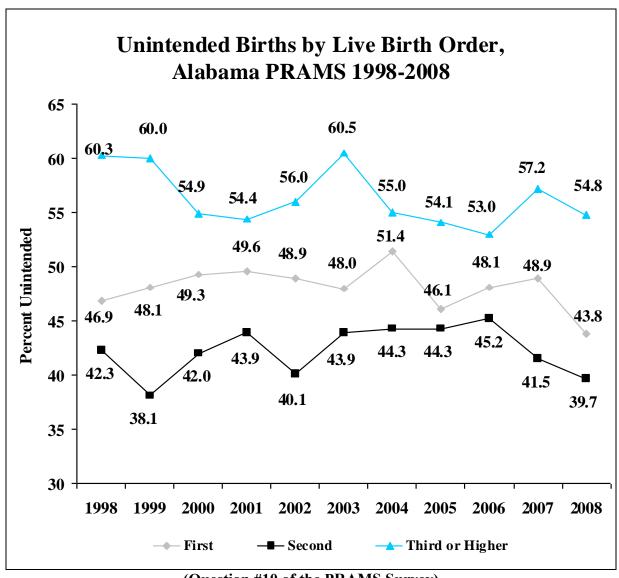
	95 % Confidence Intervals													
Year/ Marital Status	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008			
Married	30.8-38.3	29.4-36.9	28.6-35.8	30.3-37.6	30.1-37.5	30.4-38.0	32.8-41.3	28.4-36.5	31.7-39.9	30.2-38.3	28.2-36.5			
Not Married	69.8-79.6	73.6-82.8	73.4-82.3	72.7-81.1	70.5-79.4	70.1-79.6	67.3-78.0	69.8-80.3	67.1-78.2	64.0-75.3	61.5-73.4			



(Question #10 of the PRAMS Survey)

In 2008 in Alabama, 57.6 percent of births to women on Medicaid were unintended compared to 32.4 percent among non-Medicaid women. This indicates that poorer women are more likely to have unplanned births.

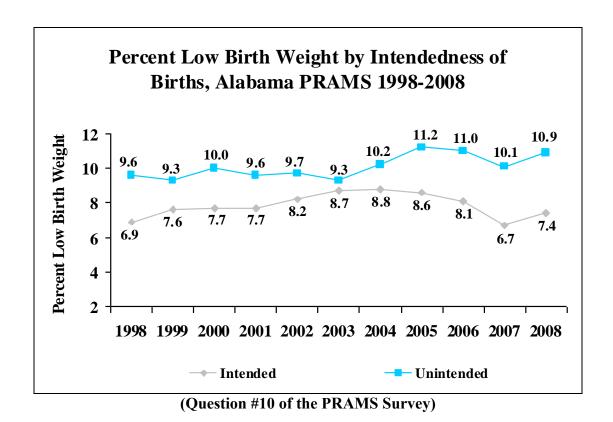
	95 % Confidence Intervals														
Year/ Payment	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008				
Medicaid	64.5-73.0	61.8-70.7	63.3-71.5	64.9-72.8	59.7-68.0	62.0-70.6	60.3-69.7	61.2-70.9	58.5-68.1	54.9-65.0	52.2-62.8				
Non- Medicaid	26.9-35.3	29.3-37.9	27.8-36.3	28.1-36.3	29.7-38.3	30.8-39.7	31.5-41.7	29.1-38.9	29.1-38.7	32.4-42.1	27.9-37.3				



(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 2008, 43.8 percent of mothers having their first child were unintended. There was a 10.4 percent decrease from 2007 to 2008. None of the changes from 2007 to 2008 were statistically significant.

	95 % Confidence Intervals													
Year/ Birth Order	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008			
First	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	40.9-51.4	42.8-53.4	43.7-54.2	38.6-49.1			
Second	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	38.5-50.2	39.1-51.4	35.6-47.7	33.6-46.1			
Third +	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	46.2-61.8	45.8-60.1	49.5-64.5	47.0-62.5			



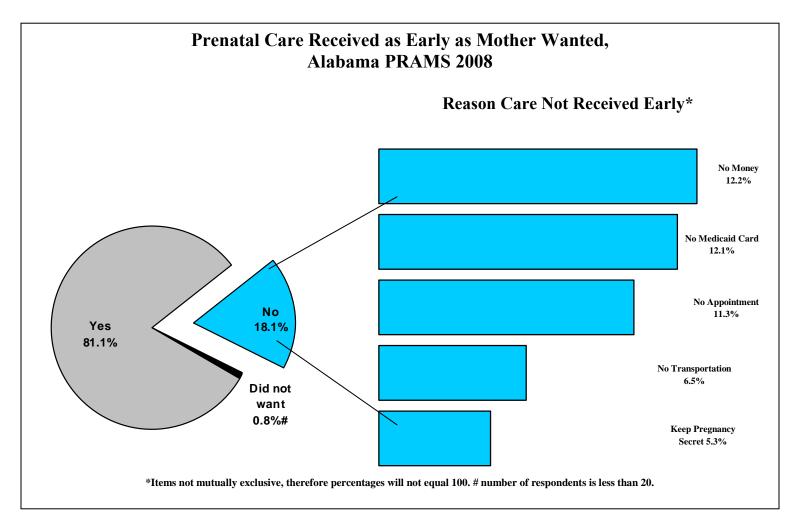
Low birth weight is defined as birth weight of less than 2,500 grams or 5 lbs. 8oz. Infants delivered at this weight are at increased risk of death during their first year of life or life long disabilities. Of births reported as unintended in 2008, 10.9 percent were low weight births, slightly increased from 2007. Of intended births, the percentage of low weight births increased in 2008 too. Both increases are not statistically significant.

	95 % Confidence Intervals												
Year/ Intention	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008		
Intended	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	7.8-9.5	7.3-9.0	4.7-9.6	5.2-10.4		
Unintended	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	10.1-12.4	9.9-12.1	7.3-13.7	7.8-15.1		

Mothers' Intendedness Comments

- "My opinion is that you wait or protect yourself. Take time to get everything ready for your child."
- "We were ready at the time for another baby so we weren't using any serious methods of birth control. We knew our chances were high only using the rhythm method. However, a couple of months later would have been a little better because I would have been finished with internship."
- "Please wait for your body to heal before you get pregnant again. Because I didn't and I had a lot of problems and hurt all the time."

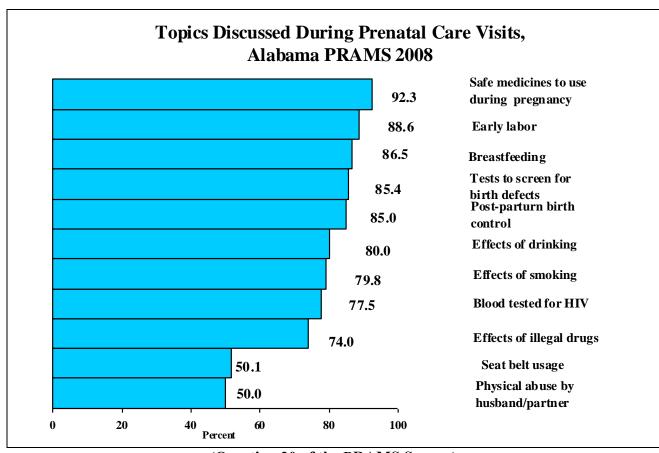
PRENATAL CARE



(Questions 17 & 18 of the PRAMS Survey)

Early and adequate prenatal care are critical in detecting problems that arise during pregnancy and in treating them before they become serious or life-threatening. In 2008, 18.1% of Alabama mothers reported they did not get prenatal care as early as they wanted. Barriers which hindered them included: no money to pay for the prenatal care visits, no Medicaid coverage yet, not able to get an early appointment, 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 Appt.	No Money	No Medicaid Card	Secret	No Trans.						
%	78.1-83.8	15.5-21.1	0.3-1.9	9.2-13.9	9.9-14.9	9.9-14.8	3.9-7.4	4.8-8.7						

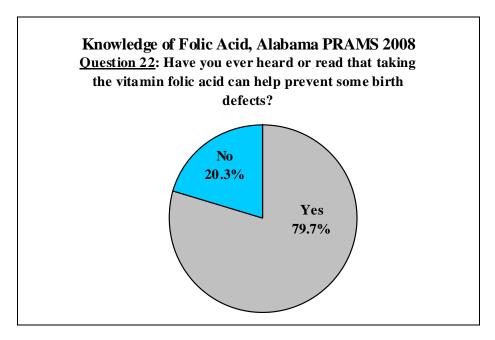


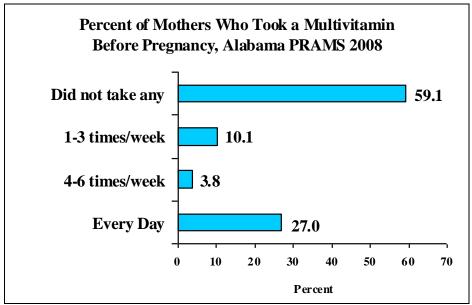
(Question 20 of the PRAMS Survey)

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 2008, nine out of ten Alabama mothers reported being informed about safe medications to take during their pregnancies. Approximately 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 50.1 percent reported any discussion on seat belt usage during pregnancy, and 50.0 percent of Alabama's mothers reported having a discussion about physical abuse by a husband or partner.

95% Confidence Intervals					
Topics	Safe Medicines	Birth defects	PP Birth control	Early labor	Breastfeeding
Percent	90.1-94.1	82.6-87.9	82.3-87.4	86.1-90.8	83.9-88.7

95% Confidence Intervals					
Smoking	HIV testing	Drinking	Illegal drug usage	Seat belt usage	Physical abuse
76.9-82.3	74.3-80.4	77.0-82.6	70.9-76.9	46.4-53.7	46.5-53.6

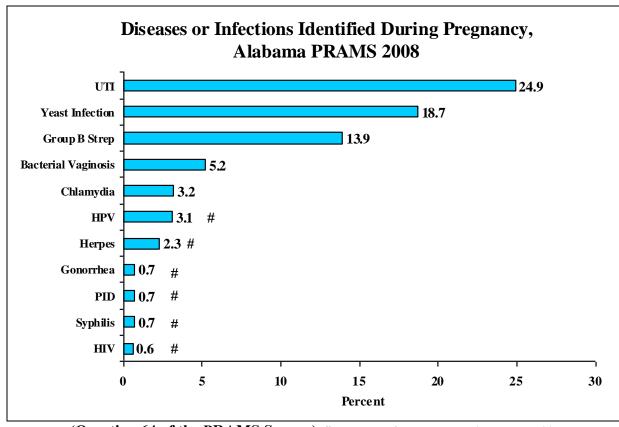




(Question 3 of the PRAMS Survey)

Studies have shown that women who consume 400 micrograms of folic acid daily <u>before</u> becoming pregnant can greatly reduce the incidence of neural tube defects, such as spina bifida and anencephaly, in their infants. In 2008, almost 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. Approximately 59.1 percent of mothers took no multivitamins (contains the required amount of folic acid) the month before their pregnancy occurred. And there are 27 percent of 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	76.6-82.6	17.4-23.4	55.5-62.5	8.1-12.6	2.7-5.4	24.0-30.3



(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?" Almost one in four Alabama mothers were told they had a UTI or a urinary tract infection. One in five Alabama mothers had yeast infections. Nearly fourteen 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 BacterialVaginosisosis Chlamydia					
Percent	21.9-28.2	15.9-21.8	11.6-16.6	3.8-7.2	2.1-4.9	

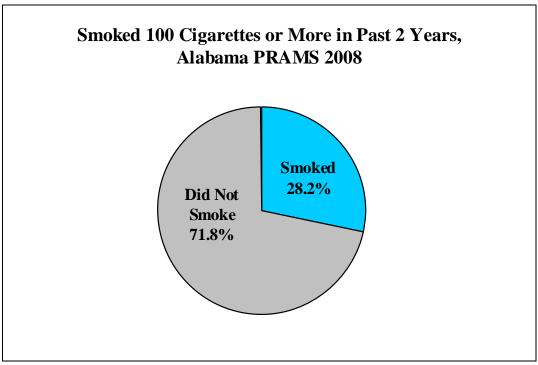
95% Confidence Intervals					
HPV	Gonorrhea	Herpes	PID	HIV	Syphilis
2.0-4.7	0.3-1.8	1.4-3.7	0.3-1.8	0.2-1.6	0.3-1.8

Mothers' Prenatal Care Comments

- "I found out I was pregnant late so I did not get to the doctor as early as I would have liked."
- "I believe that my baby was born healthy, although breeched, because of a good diet and exercise. I ate a lot of fruit and veggies and walked quite often."
- "It is very important to take prenatal vitamins and keep yourself hydrated during and after (while breastfeeding) pregnancy."
- "Finding out all that you can about diet before and after pregnancy and exercise and be prepared for anything. Pack a bag and put it in your trunk as soon as you find out you are pregnant."
- "I kept my doctor on his toes by asking 4-5 questions every prenatal visit."

NEGATIVE HEALTH BEHAVIORS:

SMOKING AND DRINKING



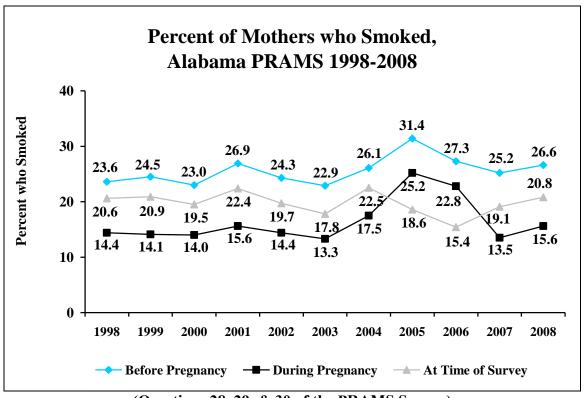
(Question 27 of the PRAMS Survey)

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." 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, less than 2,500 grams, and may experience lifelong health problems.

In 2008, when Alabama mothers were asked if they had smoked 100 cigarettes or more in the past two years, 28.2 percent answered 'Yes'.

95% Confidence Intervals				
Smoking Status	Smoked	Did Not Smoke		
Percent	25.0-31.5	68.5-75.0		

¹ 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.

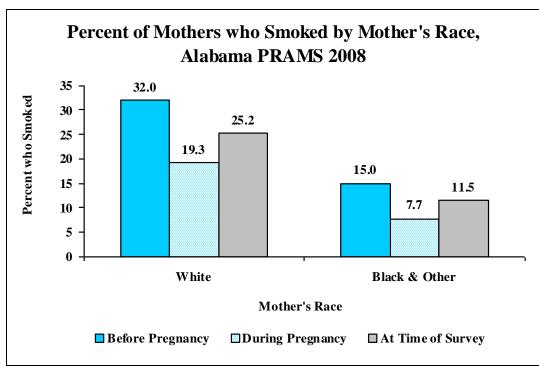


(Questions 28, 29, & 30 of the PRAMS Survey)

The Healthy People 2010 Objective is to increase abstention 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 2008, although 15.6 percent of Alabama mothers continued to smoke while pregnant. In 2008, the increases in smoking seen during the three time periods were not statistically significant.

					95% C	onfidenc	e Interva	ls			
Year/ Smoked	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Before Pregnancy	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	28.2-34.8	24.3-30.5	22.2-28.4	23.5-29.9
During Pregnancy	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	16.0-21.5	13.1-18.1	11.3-16.1	13.2-18.4
At Time of Survey	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	22.2-28.4	20.0-25.9	16.5-22.1	18.0-23.9

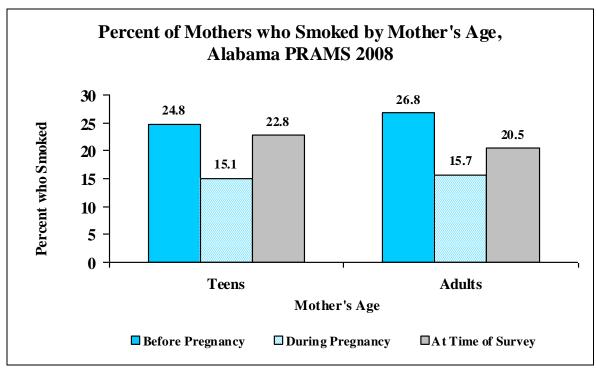
(Questions 28, 29, & 30 of the PRAMS Survey)



(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.

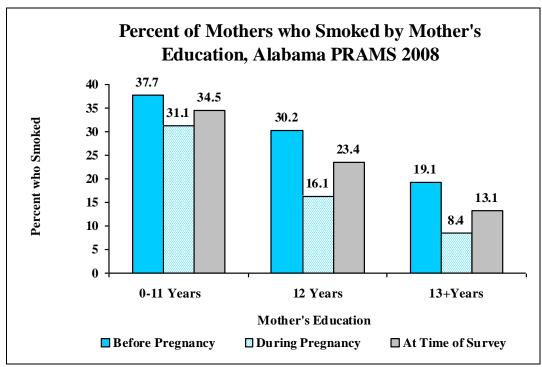
95 % Confidence Intervals					
Smoked/ Race:	Before Pregnancy	During Pregnancy	At Time of Survey		
White	28.2-36.0	16.2-22.9	21.7-29.0		
Black and Other	10.7-20.6	4.7-12.3	7.7-16.7		



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

In 2008, 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	17.2-34.4	9.2-23.8	15.5-32.2		
Adults	23.5-30.4	13.1-18.8	17.5-23.8		



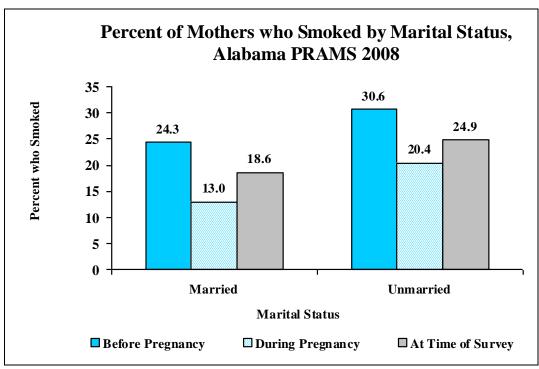
(Questions 28, 29, & 30 of the PRAMS Survey)

Generally in Alabama, there is an inverse correlation between a woman's educational attainment and smoking: as a women's level of education *increases*, smoking *decreases*. In 2008, in the percentages of women with 0-11 years of education who smoked, the decreases in smoking seen from before pregnancy and during pregnancy were not statistically significant. In fact, about one in three Alabama mothers in this educational level continued to smoke while pregnant.

In the percentages of women who smoked with 12 years of education, the decrease in smoking was significant from before pregnancy and during pregnancy. For this group, the increase in smoking from during pregnancy to at the time of the survey was not significant.

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. The drop in smoking from before pregnancy and during pregnancy was statistically significant.

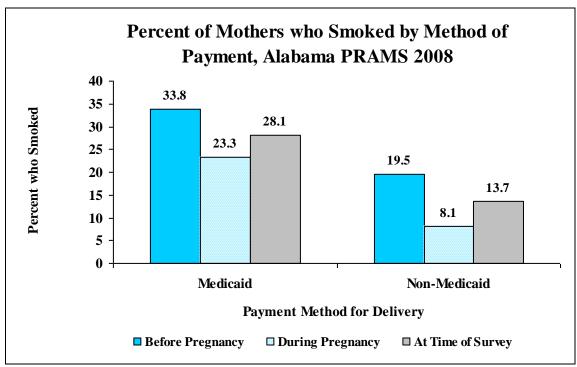
95 % Confidence Intervals					
Smoked/ Education:	Before Pregnancy	During Pregnancy	At Time of Survey		
0-11 Years	29.8-46.3	23.8-39.5	26.9-43.0		
12 Years	24.4-36.7	11.8-21.7	18.2-29.5		
13+ Years	15.6-23.2	6.1-11.5	10.1-16.7		



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

In 2008, 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 nearly 47 percent, which was a statistically significant decrease. Unmarried women decreased smoking while pregnant by 33 percent, which was not statistically significant.

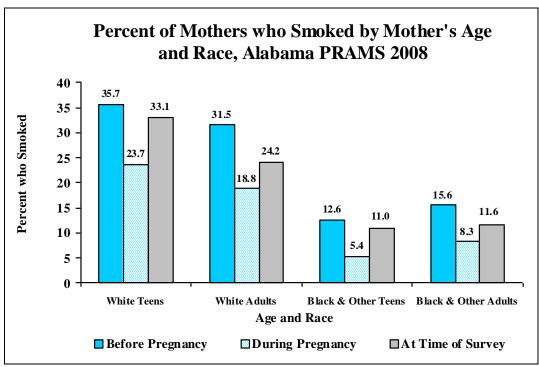
95 % Confidence Intervals					
Smoked/ Marital Status:	Before Pregnancy	During Pregnancy	At Time of Survey		
Married	20.7-28.3	10.2-16.3	15.3-22.3		
Unmarried	25.1-36.7	15.8-26.0	19.8-30.8		



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

In 2008, cigarette smoking was significantly higher among mothers on Medicaid before, during, and after their pregnancies than non-Medicaid mothers. The decreases in smoking from before pregnancy and during pregnancy among Medicaid and non-Medicaid mothers were statistically significant.

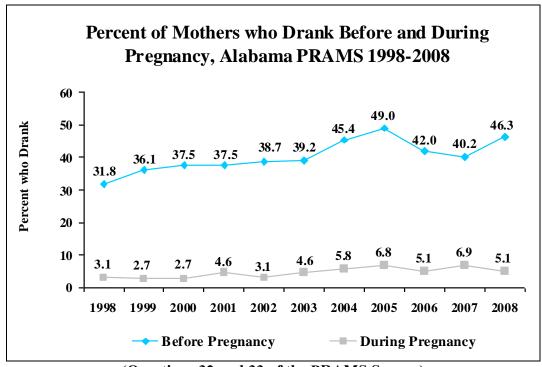
95 % Confidence Intervals					
Smoked/ Payment Method:	Before Pregnancy	During Pregnancy	At Time of Survey		
Medicaid	28.9-39.0	19.0-28.1	23.5-33.2		
Non-Medicaid	15.9-23.7	5.8-11.3	10.6-17.5		



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

In 2008, a higher percentage of white mothers smoked than did black and other mothers. The decrease in smoking for white adult mothers during pregnancy was statistically significant.

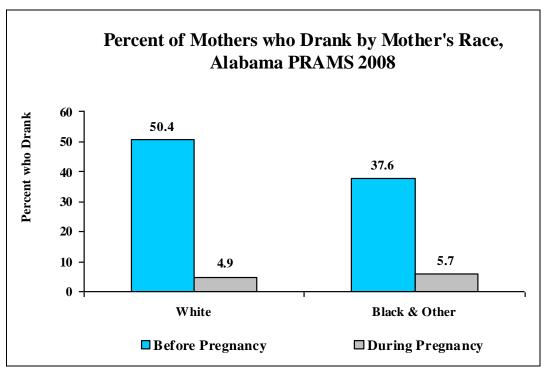
95 % Confidence Intervals						
Smoked/ Race and Age:	Before Pregnancy	During Pregnancy	At Time of Survey			
White Teens	24.2-49.1	14.1-36.9	22.1-46.4			
White Adults	27.5-35.8	15.5-22.6	20.6-28.3			
Black & Other Teens	5.3-27.1	1.4-19.0	4.2-25.8			
Black & Other Adults	10.8-22.1	4.9-13.6	7.5-17.5			



(Questions 32 and 33 of the PRAMS Survey)

From 2007 to 2008, there was a increase of 15 percent in drinking *before* becoming pregnant and a decrease of 26 percent in drinking *during* the last three months of pregnancy reported by Alabama mothers. Neither decrease nor increase was statistically significant. From 1998-2008, Alabama women did significantly decrease drinking during their pregnancies from their levels of drinking before pregnancy.

95% Confidence Intervals											
Year Drank	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Before Pregnancy	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	45.4-52.6	38.6-45.6	36.7-43.7	42.6-49.9
During Pregnancy	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	5.2-8.8	3.8-6.9	5.3-9.0	3.8-7.0

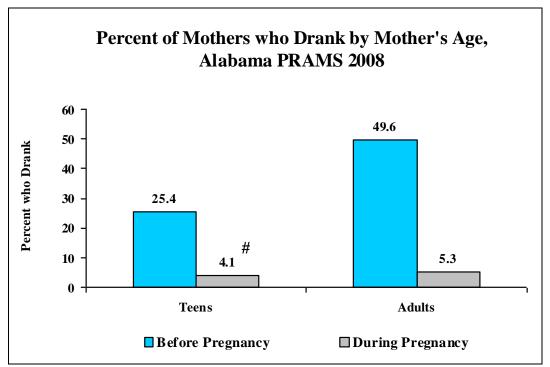


(Questions 32 and 33 of the PRAMS Survey)

In 2008, about fifty percent of white 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.

White mothers drank significantly more before pregnancy than black and other mothers did. The difference between the races drinking during pregnancy was not significant.

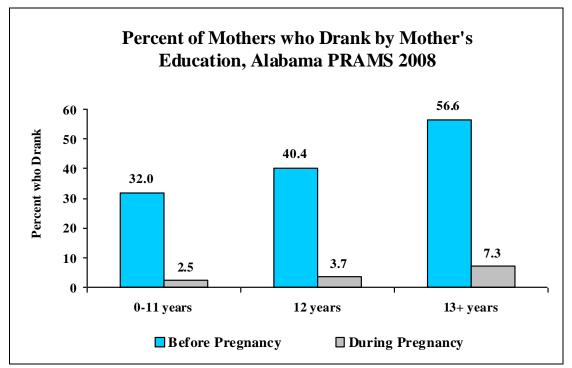
95% Confidence Intervals					
Drank / Race	Before Pregnancy	During Pregnancy			
White	46.1-54.7	3.4-7.0			
Black and Other	31.1-44.6	3.2-9.8			



(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 2008, 25.4 percent of teenage mothers reported using alcohol before becoming pregnant and 4.1 percent reported drinking during their pregnancies, despite being underage. In both populations, drinking significantly declined during the last three months of their pregnancies.

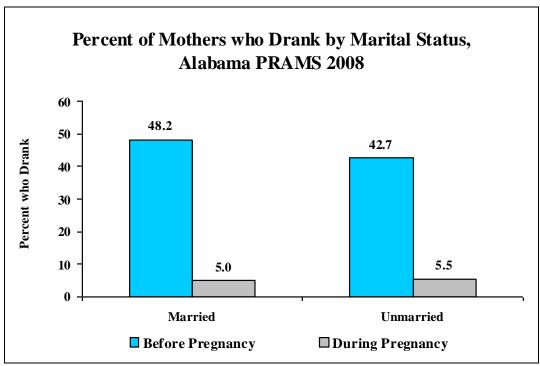
95% Confidence Intervals								
Drank / Mother's Age	Before Pregnancy	During Pregnancy						
Teens	17.4-35.5	1.5-10.6						
Adults	45.6-53.5	3.8-7.3						



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

In 2008, women with higher levels of education were more likely to drink than those women with lower educational attainment. This could be attributable to age; women with lower educational levels are probably younger and underage. In each educational level, drinking during pregnancy decreased significantly.

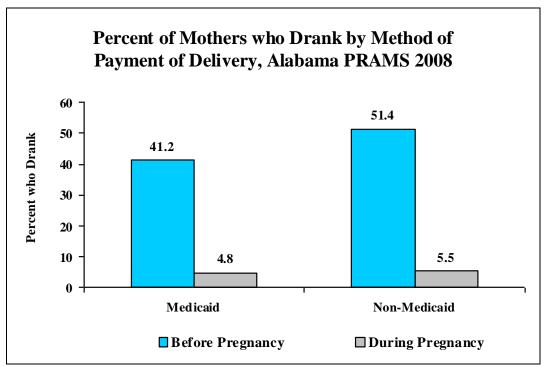
95% Confidence Intervals								
Drank/ Education	Before Pregnancy	During Pregnancy						
0-11 years	24.5-40.5	0.8-7.6						
12 years	34.0-47.3	1.9-7.4						
13+ years	51.6-61.5	5.1-10.3						



(Questions 32 and 33 of the PRAMS Survey)

In 2008, unmarried mothers were as likely to drink *before* and *during* pregnancy as married mothers, the differences were not statistically significant. Both unmarried and married mothers significantly decreased drinking during the last three months of their pregnancies.

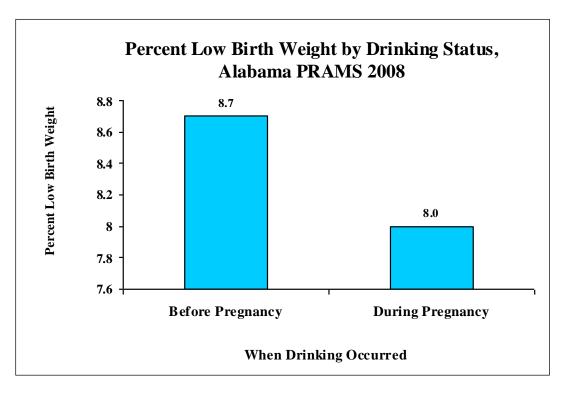
95 % Confidence Intervals								
Drank/ Marital Status	Before Pregnancy	During Pregnancy						
Married	43.8-52.7	3.4-7.2						
Unmarried	36.5-49.2	3.2-9.2						



(Questions 32 and 33 of the PRAMS Survey)

In Alabama in 2008, mothers whose delivery was not paid by Medicaid drank more *before* their pregnancies than did their Medicaid counterparts. Also, mothers whose delivery was paid by Medicaid drank less during their pregnancies than did their non-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 I	ntervals
Drank/ Payment Method	Before Pregnancy	During Pregnancy
Medicaid	36.0-46.6	3.0-7.6
Non-Medicaid	46.3-56.4	3.7-8.2



(Questions 32 and 33 of the PRAMS Survey)

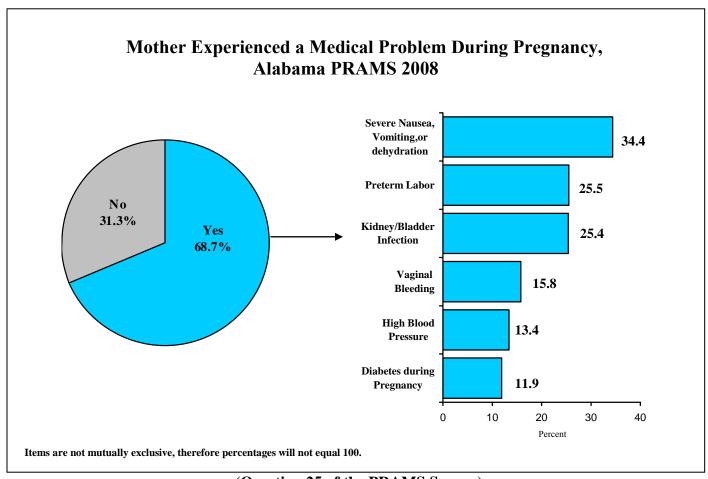
In 2008, 8.7 percent of women who drank before pregnancy had a low weight infant. Among women who drank while pregnant, 8.0 percent delivered a low weight infant. There is no statistically significant difference in the percentage of low weight births to mothers who drank before pregnancy or during pregnancy.

95% Confidence Intervals							
Drank	Before Pregnancy	During Pregnancy					
Percent LBW	6.1-12.3	2.5-22.4					

Mothers' Negative Health Behaviors Comments

- "I feel that Medicaid should drug test patients for use of recreational drugs."
- "Don't smoke or drink while pregnant."
- "After providing prenatal care/counseling for one year during residency, I was shocked at the number of pregnant women who continue to smoke."

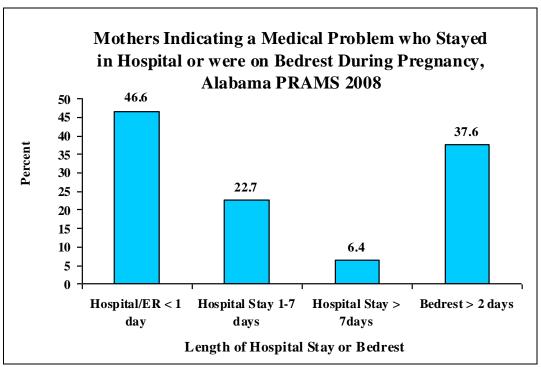
HEALTH CARE SYSTEM ISSUES



(Question 25 of the PRAMS Survey)

In 2008, 68.7 percent of Alabama Mothers reported having a medical problem during their pregnancy. Of those, the highest percentage (34.4) reported having nausea, vomiting, and/or dehydration. One in four mothers reported experiencing preterm labor or a kidney/bladder infection. 15.8 percent of mothers reported vaginal bleeding, while 13.4 percent of mothers reported having high blood pressure. 11.9 percent of mothers developed gestational diabetes.

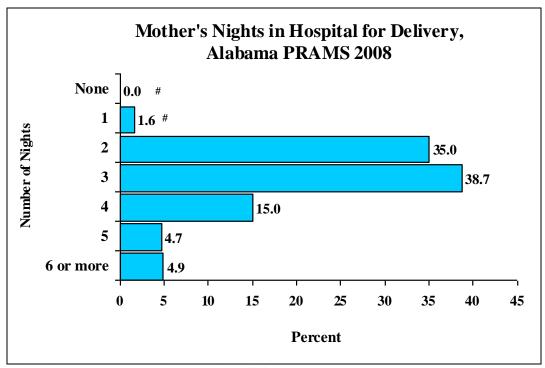
	95% Confidence Intervals										
Problems	Yes	No	Nausea,vomiting, or dehydration	Preterm labor	Kidney/ Bladder infection	Vaginal Bleeding	НВР	Diabetes During Preg.			
Percent	65.3-71.9	28.1-34.7	31.0-38.0	22.4-28.8	22.4-28.7	13.3-18.6	11.1-16.1	9.7-14.5			



(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, nearly 47 percent of mothers visited a hospital and stayed less than a day; 22.7 percent stayed from one to seven days; 6.4 percent stayed longer than seven days; and 37.6 percent stayed in bed for more than two days at a doctor's or nurse's advice.

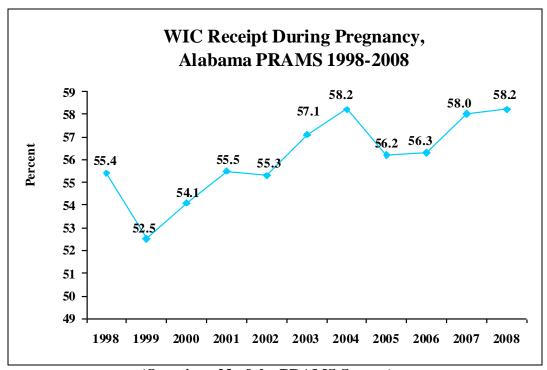
95% Confidence Intervals									
Length of Stay or bedrest	Hospital or ER < 1 day	Hospital Stay 1-7 days	Hospital Stay >7 days	Bedrest > 2 days					
Percent	42.0-51.3	19.0-26.9	4.4-9.2	33.1-42.2					



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

In 2008, the majority of Alabama mothers stayed two nights (35.0 percent) or three nights (38.7 percent) in the hospital following delivery of their infants. Only 1.6 percent reported staying one night and one in four mothers reported staying four or more nights.

	95% Confidence Intervals										
Number of Nights	None	1	2	3	4	5	6 or more				
Percent	0	0.9-3.0	31.6-38.6	35.2-42.4	12.5-17.9	3.4-6.6	3.5-6.8				



(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.

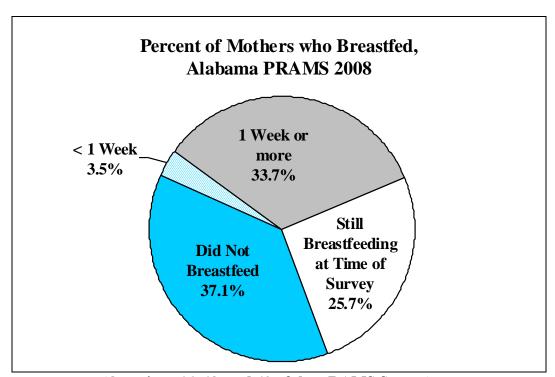
In 2008, 58.2 percent of Alabama mothers received WIC benefits.

	95% Confidence Intervals										
Year	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Percent	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	53.5-58.8	53.6-58.9	55.2-60.8	55.3-61.0

Mothers' Health Care System Issues Comments

- "I still have not been able to get Medicaid for myself or my child."
- "Medicaid disputed BC/BS and insurance disputed Medicaid. It's on me."
- "Low income individuals need more education about safe medication administration to their infants."
- "Hospitals should let the mothers know how important prenatal care is. Also,
 explain how breastfeeding will impact the baby's health. Stress the importance of a
 balanced diet during the pregnancy and not to smoke or alcohol. Having healthy
 babies is the most important objective for any mom."
- "My hope and prayer is that new moms/families would be extra careful with their premature babies. Being absolutely certain their child is getting the best care and that they are not released too soon. Upon discharge from the hospital, there need to be specific, detailed instructions given to families by the health care professionals, both conversation and reliable literature. It is overwhelming unexpectedly delivering a child well before the due date and families need additional support and education to get through the first couple weeks."
- "My husband and I are truly blessed for our son. I was sickly during my pregnancy nausea – vomiting – heartburn and indigestion. It was well worth it."
- "I am concerned that there is no access to midwives also this is not a personal concern, but I have noticed the increase in c-sections and wonder if doctors are not promoting natural childbirths."

BREASTFEEDING

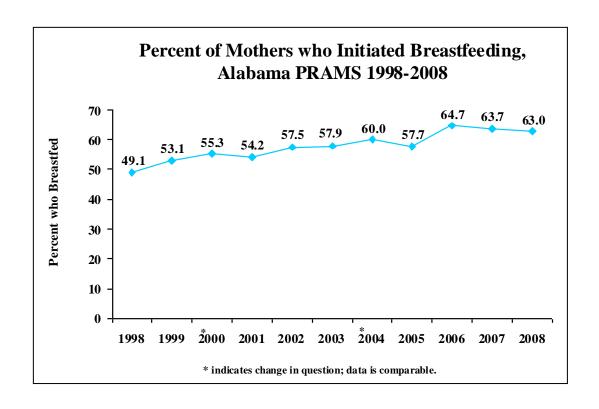


(Questions 46, 48, and 49 of the PRAMS Survey)

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 2008, 37.1 percent of mothers did not attempt to breastfeed their babies. Only 25.7 percent Alabama mothers were still breastfeeding their infants at the time of the survey, two to six months after delivery.

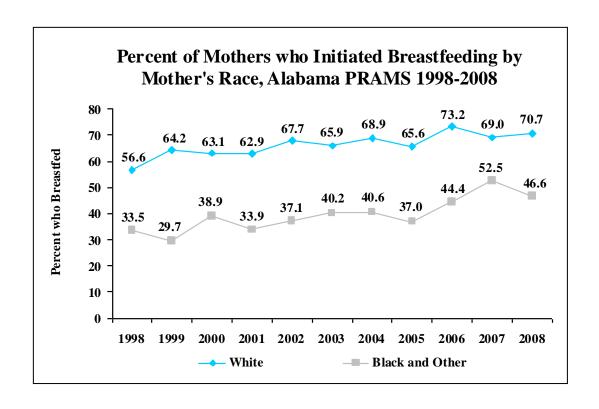
95% Confidence Intervals									
Time Breastfed:	Did Not Breastfeed	<1 week	1 week or more	Still Breastfeeding					
Percent	33.7-40.7	2.3-5.2	30.3-37.3	22.8-28.8					



(Question 46 of the PRAMS Survey)

From 1998-2008, the percentage of Alabama mothers who initiated breastfeeding increased six out of the ten years. In 2008, 63.0 percent of mothers reported they initiated breastfeeding; however, from 2004-2008, the changes have not been statistically significant. Comparing 1998 and 2008 data, there has been a statistically significant increase of 28 percent in mothers who initiated breastfeeding.

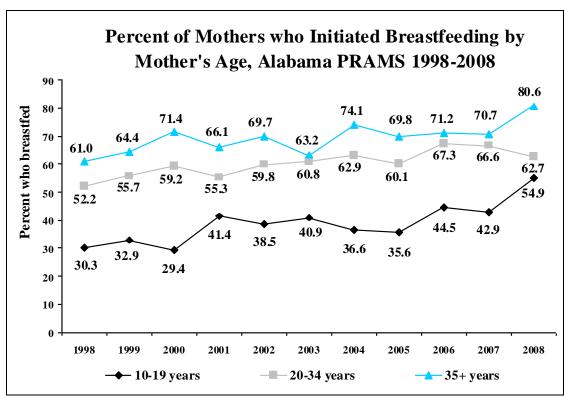
	95% Confidence Intervals										
Year 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008									2008		
% Breastfeeding	46.0-52.2	50.0-56.1	52.3-58.3	51.2-57.3	54.5-60.5	54.7-61.1	56.5-63.4	54.2-61.1	61.3-67.9	60.3-67.0	59.4-66.4



(Question 46 of the PRAMS Survey)

From 1998 to 2008, 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 black and other race decreased 11.2 percent from 2007 to 2008. The white race increased 2.5 percent from 2007 to 2008.

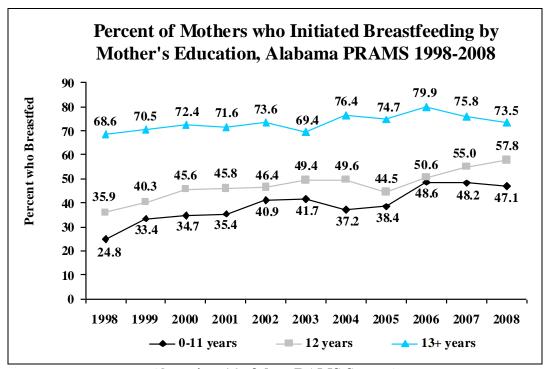
	95% Confidence Intervals												
Year/ Race	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008		
White	52.8-60.3	60.6-67.9	59.4-66.8	59.2-66.6	64.1-71.2	62.0-69.6	64.8-72.8	61.5-69.4	69.3-76.8	64.9-72.8	66.6-74.4		
Black and Other	27.9-39.0	24.6-34.8	33.3-44.4	28.7-39.1	31.7-42.4	34.5-46.1	34.3-47.2	30.7-43.9	38.1-51.0	46.1-58.9	39.7-53.6		



(Question 46 of the PRAMS Survey)

During the period from 1998 through 2008, the percentage of women initiating breastfeeding 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, mothers 10-19 years have increased significantly.

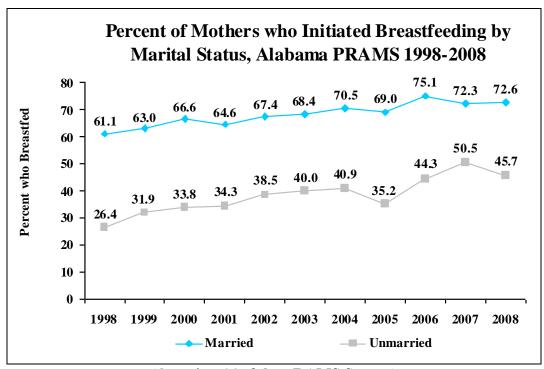
	95% Confidence Intervals											
Year/ Age	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	
10-19	23.6-37.0	25.8-40.1	22.2-36.7	33.7-49.2	30.9-46.1	32.6-49.7	28.1-45.9	27.0-45.2	35.0-54.4	32.8-53.7	44.4-64.9	
20-34	48.6-55.8	52.1-59.3	55.8-62.7	51.7-58.8	56.2-63.3	57.0-64.4	58.8-66.8	56.1-64.0	63.4-70.9	62.7-70.2	58.7-66.6	
35+	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	58.0-79.4	60.5-80.0	59.9-79.6	67.5-89.3	



(Question 46 of the PRAMS Survey)

In Alabama, breastfeeding prevalence is highest among women with 13 or more years of education. Comparing percentages from 1998 to percentages in 2008, there have been significant increases in breastfeeding in Alabama mothers with every level of education except those with 13+ years of education.

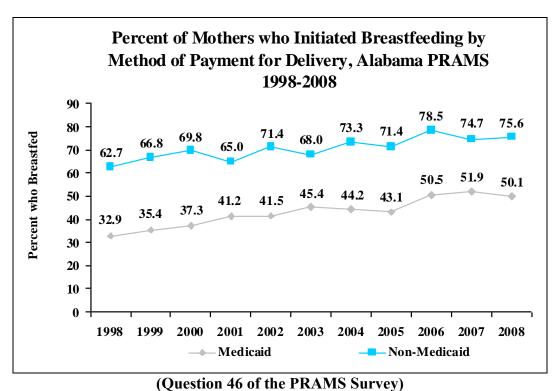
95% Confidence Intervals											
Year/ Education	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
0-11 yrs.	19.5-31.0	26.8-39.9	28.0-41.4	29.6-41.2	34.4-47.5	34.4-49.4	29.6-45.6	30.8-46.6	40.7-56.5	39.4-57.2	38.5-55.8
12 yrs.	33.9-44.8	34.8-45.7	40.2-50.9	40.2-51.5	40.7-52.0	43.4-55.5	43.0-56.2	38.2-50.9	43.7-57.4	48.3-61.5	50.9-64.4
13+ yrs.	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	69.9-79.0	75.7-83.6	71.5-79.6	68.8-77.7



(Question 46 of the PRAMS Survey)

Comparing 1998 levels to 2008 levels, there have been statistically significant increases in breastfeeding initiation in married women and unmarried women. Over the past 10 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.

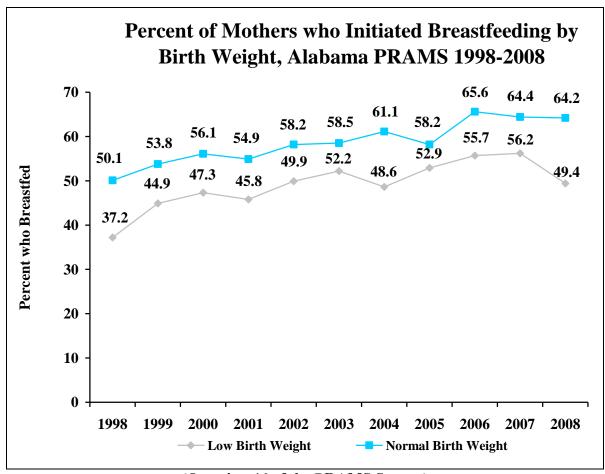
	95% Confidence Intervals										
Year/ Married Status	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Married	57.2-64.9	59.3-66.7	63.0-70.3	60.8-68.3	63.7-71.2	64.5-72.0	66.2-74.4	64.8-73.0	71.1-78.6	68.4-75.9	68.4-76.5
Unmarried	21.7-31.1	26.8-37.1	28.5-39.0	29.4-39.2	33.4-43.6	34.5-45.7	34.9-47.2	29.5-41.4	38.2-50.6	44.3-56.6	39.4-52.2



(Question to of the Final vis survey)

From 1998 through 2008 in Alabama, women whose delivery was not paid for by Medicaid were significantly more likely to breastfeed their infants than women whose delivery was covered by Medicaid. When comparing percentages in 1998 to those in 2008, each group has significantly increased in the percentage of women who initiated breastfeeding their infants.

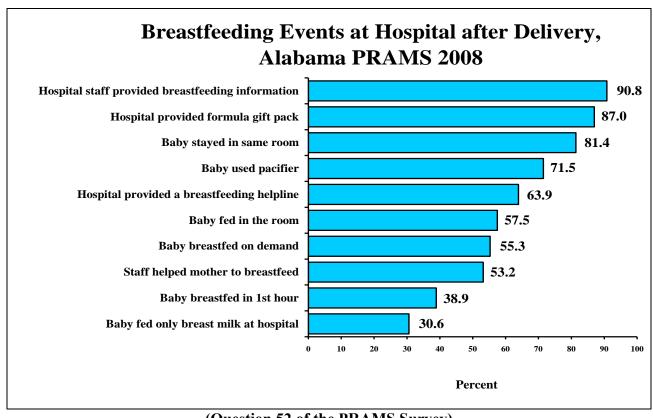
	95% Confidence Intervals										
Year/ Payment	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Medicaid	28.7-37.1	31.1-39.7	33.0-41.7	36.9-45.5	37.1-45.8	40.8-50.2	39.2-49.3	38.1-48.2	45.5-55.5	46.7-57.1	44.6-55.5
Non- Medicaid	58.4-67.1	62.5-71.0	65.6-74.0	60.7-69.3	67.2-75.5	63.5-72.2	68.4-77.7	66.5-75.9	73.9-82.5	70.3-78.7	70.9-79.7



(Question 46 of the PRAMS Survey)

Of babies born in 2008 at a normal birth weight, 64.2 percent were breastfed. Of low birth weight babies, that is, weight less than 2,500 grams, 49.4 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 1998 percentages with 2008 percentages, there have been statistically significant increases in the normal birth weight group initiating breastfeeding but not in the low birth weight group.

	95% Confidence Intervals										
Year/ BW	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
LBW	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	48.8-57.0	51.6-59.7	43.6-68.1	36.6-62.2
NBW	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	54.3-61.9	61.9-69.1	60.8-67.8	60.5-67.8

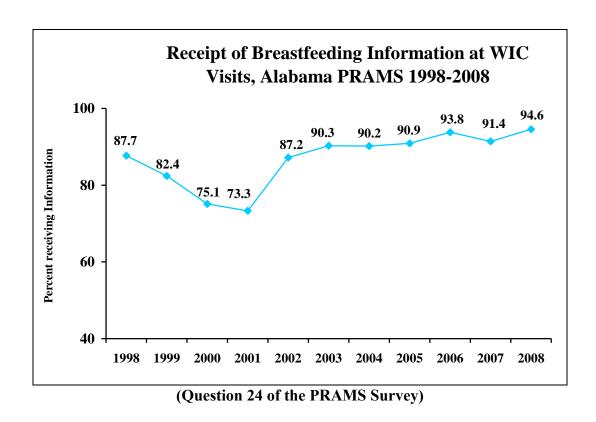


(Question 52 of the PRAMS Survey)

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 2008, 53.2 percent of mothers reported they received direct help from hospital staff in learning how to breastfeed their babies, whereas 90.8 percent reported the hospital provided them information on breastfeeding. 38.9 percent reported they breastfed their babies in the first hour after delivery. Only 30.6 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	84.3-89.3	88.4-92.8	78.3-84.2	68.1-74.7	60.3-67.3		

95% Confidence Intervals								
Events	Fed in room	Breastfed on demand	Staff helped	Breastfed in first hour	Fed only breast milk in hospital			
Percent	54.0-61.1	51.7-58.9	49.6-56.7	35.5-42.5	27.5-33.9			



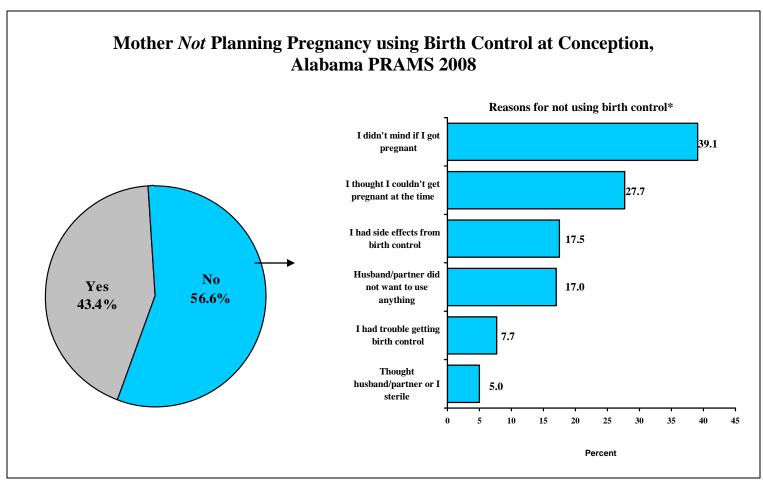
A goal of WIC is to educate pregnant women about breastfeeding and to increase its prevalence among Alabama mothers. During 2008, 94.6 percent of mothers receiving WIC benefits reported they received breastfeeding information during their WIC visits.

	95% Confidence Intervals										
Year	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Recieved Information	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	87.8-93.2	91.2-95.7	88.3-93.8	91.9-96.5

Mothers' Breastfeeding Comments

- "Mothers always should breastfeed unless medically they can't."
- "The nurse I had at the hospital came into the room each time to help me breastfeed. She was wonderful."
- "While there was a lactation specialist at the hospital, there was not a very integrated effort between ob/gyn and pediatrics and hospital staff to encourage breastfeeding. There was also no significant effort to make breastfeeding assistance available in the first weeks after birth."

CONTRACEPTION

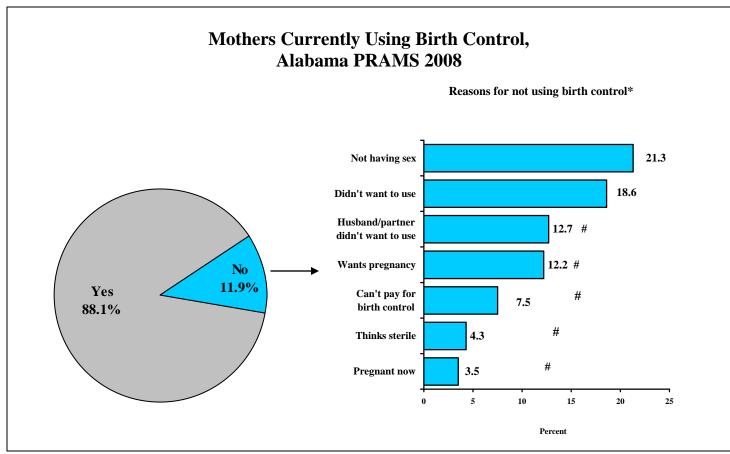


(Questions 12 & 13 of the PRAMS Survey) * Items are not mutually exclusive.

In 2008, 56.6 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. Almost 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	38.5-48.5	51.5-61.5	33.0-45.6	22.2-34.1	12.5-22.7	13.0-23.2	4.8-12.1	2.8-8.7		

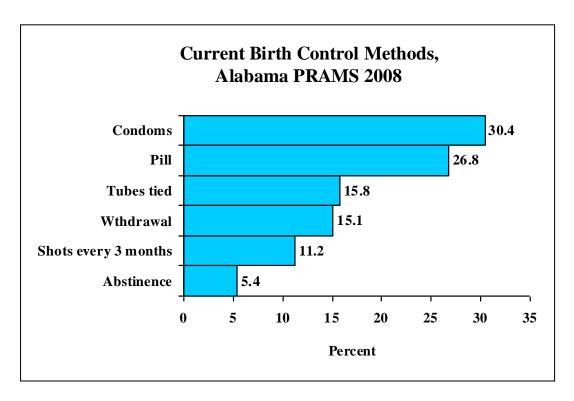


(Questions 58 & 59 of the PRAMS Survey) *Items are not mutually exclusive. # Number of respondents is less than 20.

The correct usage of contraception is invaluable in preventing unintended pregnancies. Almost 90 percent of Alabama mothers in 2008 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, 18.6 percent women said they did not want to use anything, 21.3 percent reported they were not having sex, 12.2 percent were wanting to be pregnant, and 12.7 percent reported their spouse or partner did not want to use any contraception. 3.5 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	85.5-90.3	9.7-14.5	12.2-27.4	14.2-30.7	7.1-20.1			

95% Confidence Intervals								
Birth Control Husb/partner didn't want to use Pregnant now Can't pay for birth control Thinks sterile								
Percent	7.3-21.3	1.1-10.5	3.6-15.1	1.6-11.2				



(Question 60 of the PRAMS Survey)

In 2008, 30.4 percent of women reported condom usage as the preferred method of contraception. 26.8 percent reported they were taking the pill. Sterilization was the choice of 15.8 percent of women who had their tubes tied after delivery.

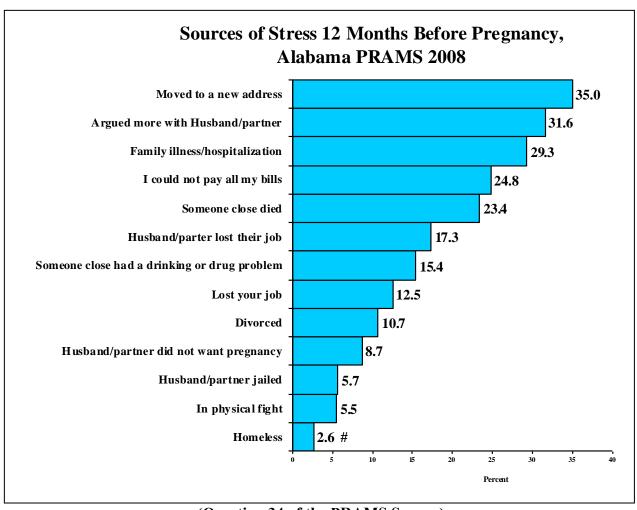
95% Confidence Intervals								
Method of Birth Control Condoms Pill Tubes tied								
Percent	27.0-34.1	23.5-30.2	13.1-18.9					

95% Confidence Intervals					
Method of Birth Control Withdrawal Shots every 3 mos. Abstinence					
Percent	12.5-18.0	8.9-14.0	3.8-7.5		

Mothers' Birth Control Comments

- "I was supposed to start my pills after I started my period but it never started because I was pregnant. My other baby was three months old."
- "I wanted tubes tied, no one ever got back with me. I had been on birth control for 14 years, so I thought my body needed a break."

MISCELLANEOUS

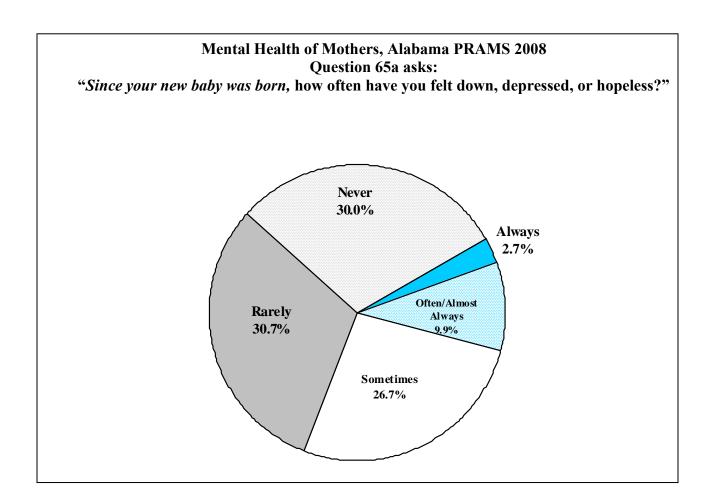


(Question 34 of the PRAMS Survey)

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, 35.0 percent of Alabama mothers reported they had moved to a new address, 31.6 percent reported they argued more with their husband/partner, about 29.3 percent had a family illness or hospitalization, and 24.8 percent reported they were unable to pay all of their bills. About one in five mothers suffered the loss of someone close to them.

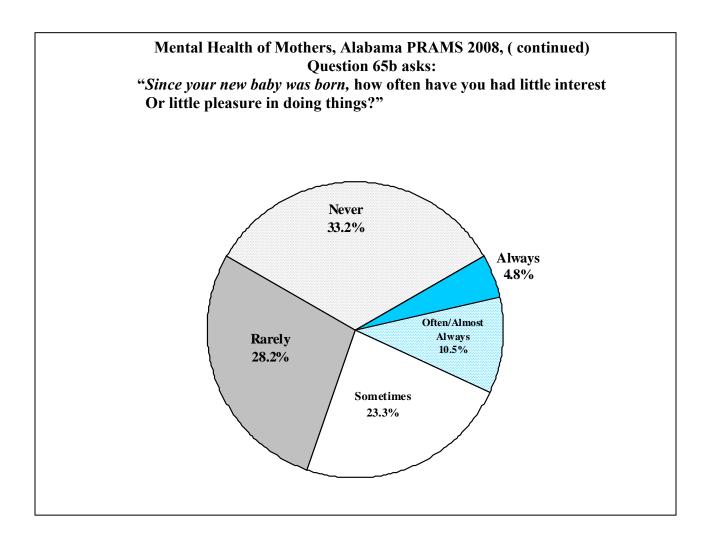
95% Confidence Intervals						
Source of Stress:	Moved	Argued more with Husb/partner	Family illness	Financial difficulties	Someone close died	Someone close with a drug/alcohol problem
Percent	31.6-38.6	28.4-35.1	26.1-32.8	21.8-28.2	20.4-26.6	13.0-18.2

	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	8.6-13.3	10.2-15.2	14.7-20.2	6.8-11.0	4.0-7.6	4.2-7.8	1.6-4.1



In 2008, 12.6 percent of Alabama mothers reported they always or almost always felt down, depressed, or hopeless since the birth of their baby. About 57.4 percent reported feeling this way sometimes and on rare occasions.

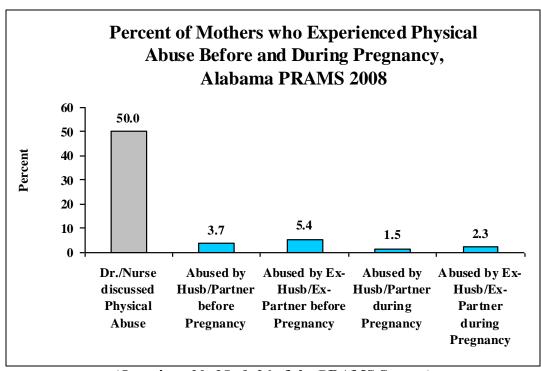
95% Confidence Intervals					
Depression Never Always Often/Almost Always Sometimes Rarely					
Percent	26.8-33.5	1.7-4.1	7.9-12.3	23.6-30.1	27.6-34.1



In 2008, When Alabama mothers were asked how often they had little interest or received little pleasure in doing things, 15.3 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 2008 in Alabama, 9.3 percent of mothers reported their doctor or other health care worker had diagnosed them with depression since the birth of their baby.

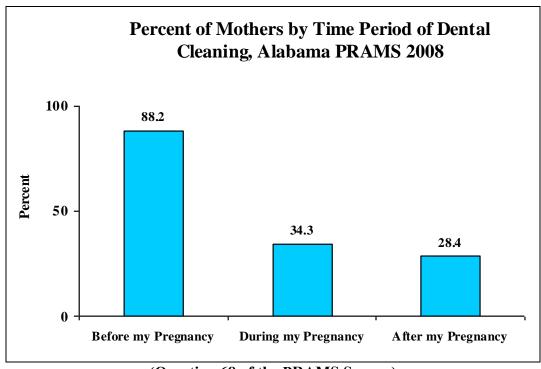
95% Confidence Intervals					
Depression Never Always Often/Almost Always Sometimes Rarely					Rarely
Percent	29.9-36.7	3.4-6.8	8.4-13.1	20.3-26.5	25.0-31.6



(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 2008, 3.7 percent Alabama mothers reported physical abuse by their *current* husband/partner and 5.4 percent mothers reported abuse by a *former* husband/partner twelve months before becoming pregnant. The abuse decreased **during pregnancy** by 59.5 percent by *current* spouse/partner and 57.4 percent by *former* husband/partner. All of the decreases in abuse reported **during pregnancy** are not 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 During pregnancy	Abused by Former Husb/partner During pregnancy	
Percent	46.5-53.6	2.5-5.4	3.9-7.4	0.8-2.7	1.4-3.7	

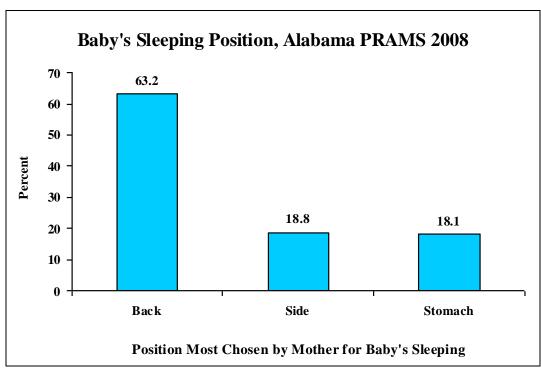


(Question 68 of the PRAMS Survey)

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 periostitis 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 2008 when Alabama mothers were asked, "When did you have your teeth cleaned by a Dentist or dental hygienist?" 88.2 percent reported having had their teeth cleaned *before* their most recent pregnancy, 34.3 percent had their teeth cleaned *during* their pregnancy, and 28.4 percent reported a cleaning *after* their most recent pregnancy. Nearly 12.5 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	85.2-90.6	30.7-38.0	24.8-32.3		



(Question 54 of the PRAMS Survey)

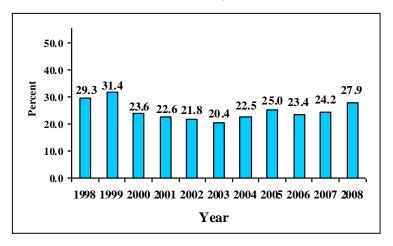
Health providers suggest placing an infant on his/her back (face up) for resting, sleeping, or when left alone can reduce the risk of Sudden Infant Death Syndrome or SIDS. A Healthy People 2010 objective is to increase the percentage of healthy full-term infants who are placed on their backs for sleeping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

In 2008 in Alabama, 36.9 percent of mothers reported placing their babies *most often* on their side or stomach for sleeping.

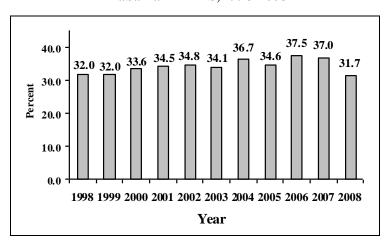
95% Confidence Intervals					
Sleep Position Back Side Stomach					
Percent	59.4-66.8	16.0-22.0	15.3-21.3		

Frequency of Infant Co-Sleeping, Alabama PRAMS 1998-2008 (Question 55 of the 2005 PRAMS Survey)

Frequency of Infants Sleeping <u>Alone (Never Co-Sleeps)</u>, Alabama PRAMS, 1998-2008



Frequency of Infants <u>Always or Almost Always Co-Sleeping</u>, Alabama PRAMS, 1998-2008



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 2008, more than one in four Alabama mothers never allowed their infants to co-sleep or share a bed with them or someone else, however 31.7 percent reported they always or almost always allowed their infants to co-sleep.

95% Confidence Intervals- 2007 only		
Frequency	Never Co-sleeps	Always or Almost Always
Percent	24.8-31.2	28.3-35.2

Mothers' Miscellaneous Comments

- "I am very pleased and happy but when I get depressed or stressed is because I
 worry about bills but otherwise, it's all good and having fun with my kids."
- "I think mothers need more support and resources to help them after their baby is born. Although I have support of the family, without them I know I would be completely overwhelmed with the pressures of handling a new baby. A toll free 24hrs line for questions, pairing up women who would volunteer to be a buddy or just a local support group to voice concerns and share resources could be new ways to assist new mothers."
- "For all mothers, a word of advice you should take care of yourself that you know
 that your child has a better chance of a healthier start. Anyone who is standing in
 the way of your health or your child or you, you should immediately get yourself
 away from the situation. Remember a healthy mom = a healthy baby."
- "If you are in an abusive relationship get help or tell someone right away."
- "My baby was healthy but born early. I went through a divorce, then found out I
 was pregnant. I was struggling looking for a job and I also had two kids already to
 take care of. I believe stress is a big factor during pregnancy. I stayed sick from
 stress and nervousness but I continued to eat healthy and take care the best I could
 as I was taking care of my kids also."

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, <u>Mail and Telephone Surveys: The Total Design Method</u>. 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 repond at different rates than women not possessing those characteristics. For example, the response rate for married women is higher than that for unmarried women.

^{*}For 2008, 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

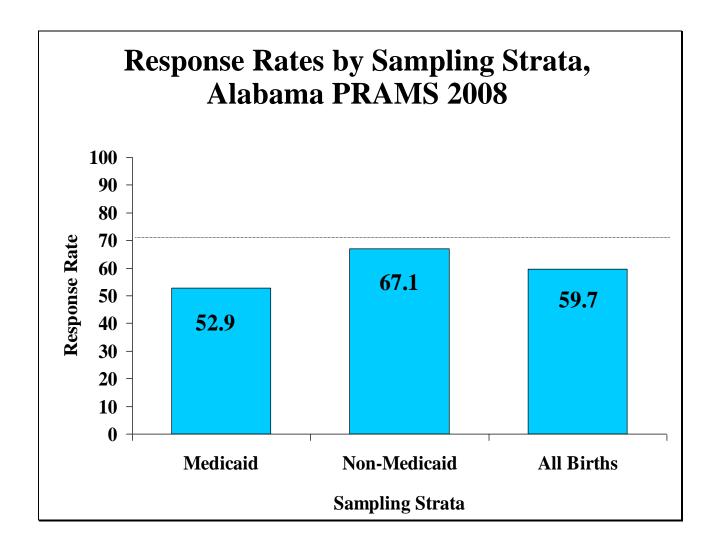
Each month approximately 100 women who have given birth two to four months before the sampling date are selected for the sample. The survey is divided into two strata: Medicaid and non-Medicaid normal birth weight. Women in each of these strata have a different probability of being chosen. Samples are selected so that roughly equal numbers of women are chosen from each strata. The odds of being selected in 2008 were approximately as follows:

Medicaid 1:46 Non-Medicaid 1:51

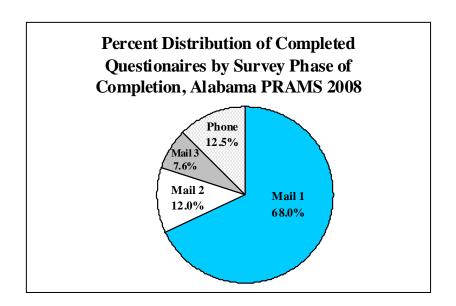
Selection probabilities are adjusted annually to take into account the changes in the distribution of births over time and the response rates of mothers in each strata. The goal is to obtain at least 400 completed questionnaires from each strata.

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.

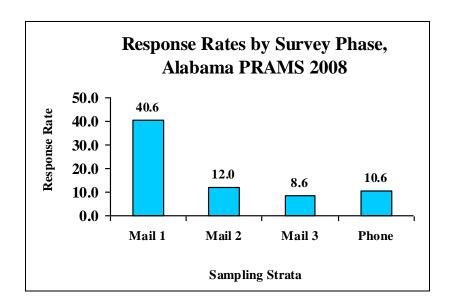
Response Rates



As a rule of thumb, CDC requires at least 400 completed questionnaires and a response rate of 70 percent in each stratum. In 2008, the response rates for two of the strata were <u>below</u> 70 percent, with the higher rate of 67.1 percent among non-Medicaid births and the lower rate of 52.9 percent for Medicaid NBW births. The overall response rate for the two strata was 59.7 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 2008.



The majority of completed surveys, 68.0 percent, were received as a result of the initial mailing or mail 1. The mail 2 accounted for 12.0 percent of completed questionnaires, and mail 3 accounted for 7.6 percent. Of the total number of completed surveys, 12.5 percent resulted from phone phase.



The response rate is the percent of surveys sent which are completed. Of all women who received the first mailing, 40.6 percent responded. The second mailing had a 12.0 percent response rate. The response rate for the third mailing was 8.6 percent in 2008, and the response rate for the phone phase was 10.6 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

Please mark your answers. Follow the directions included with the questions. If no directions are presented, check the box next to your answer or fill in the blanks. Because not all questions will apply to everyone, you may be asked to skip certain questions.

BEFORE PREGNANCY

First, we would like to ask a few questions about *you* and the time <u>before</u> you got pregnant with your new baby.

At any time during the 12 months before you got pregnant with your new baby, did you do any of the following things? For each item, circle Y (Yes) if you did it or circle N (No) if you did not.

	3		
	1	No	Yes
a.	I was dieting (changing my eating		
	habits) to lose weight	N	Y
b.	I was exercising 3 or more days		
	of the week	N	Y
c.	I was regularly taking prescription		
	medicines other than birth control	N	Y
d.	I visited a health care worker to		
	be checked or treated for diabetes	N	Y
e.	I visited a health care worker to		
	be checked or treated for high		
	blood pressure	N	Y
f.	I visited a health care worker to		
	be checked or treated for depression		
	or anxiety	N	Y
g.	I talked to a health care worker		
	about my family medical history	N	Y
h.	I had my teeth cleaned by a dentist		
	or dental hygienist	N	Y

	with your new baby, were you covered by any of these health insurance plans?		
		Check <u>all</u> that apply	
		Health insurance from your job or the job of your husband, partner, or parents Health insurance that you or someone else paid for (not from a job) Medicaid TRICARE or other military health care All Kids Other source(s) Please tell us:	
		I did not have any health insurance before I got pregnant	
3.	with wee	ring the <i>month before</i> you got pregnant h your new baby, how many times a ck did you take a multivitamin, a natal vitamin, or a folic acid vitamin?	
		I didn't take a multivitamin, prenatal vitamin, or folic acid vitamin at all 1 to 3 times a week 4 to 6 times a week Every day of the week	
4.		t before you got pregnant with your new y, how much did you weigh?	
		Pounds OR Kilos	

2. During the month before you got pregnant

5.	How tall are you without shoes?	The next questions are about the time when you got pregnant with your <i>new</i> baby.
	Feet Inches OR Meters	11. Thinking back to just before you got pregnant with your new baby, how did you feel about becoming pregnant?
6.	What is your date of birth?	Check <u>one</u> answer
7.	Month Day Year Before you got pregnant with your new	 ☐ 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
	baby, were you ever told by a doctor, nurse, or other health care worker that you had Type 1 or Type 2 diabetes? This is <u>not</u> the same as gestational diabetes or diabetes that	12. When you got pregnant with your new baby, were you trying to get pregnant?
	starts during pregnancy.	No Yes → Go to Question 15
8.	Yes Before you got pregnant with your new baby, did you ever have any other babies who were born alive? Go to Question 11 Yes	13. 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 [natural family planning or rhythm] or withdrawal, and using birth control methods such as the pill, condoms, vaginal
9 .	Did the baby born just before your new one weigh more than 5 pounds, 8 ounces	ring, IUD, having their tubes tied, or their partner having a vasectomy.)
	(2.5 kilos) at birth? No Yes	☐ Yes
10.	Was the baby <i>just before</i> your new one born <i>more</i> than 3 weeks before his or her due date?	
	□ No □ Yes	

			J
14.	or	nat were your reasons or your husband's partner's reasons for not doing anything keep from getting pregnant?	DURING PREGNANCY
	to i	Check <u>all</u> that apply	The next questions are about the prenatal care you received during your most recent
		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	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.)
		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:	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 Go to Page 4, Question 18 Go to Page 4, Question 17

17.	Did you get prenatal care as early in your		d any of these health insurance plans
	pregnancy as you wanted?	hel	p you pay for your <i>prenatal care</i> ? Check <u>all</u> that apply
18.	Pid any of these things keep you from getting prenatal care at all or as early as you wanted? For each item, circle T (True) if it was a reason that you didn't get prenatal care when you wanted or circle F (False) if it was not a reason for you or if something does not apply to you.		Health insurance from your job or the job of your husband, partner, or parents Health insurance that you or someone else paid for (not from a job) Medicaid TRICARE or other military health care All Kids Other source(s)
0	True False		
a. b. c. d. e. f. g. h. i. j. k.	I couldn't get an appointment when I wanted one		I did not have health insurance to help pay for my prenatal care
1	you did not go for prenatal care, go to uestion 21.		

20.	During any of your prenatal care via a doctor, nurse, or other health car talk with you about any of the thin below? Please count only discussion reading materials or videos. For each circle Y (Yes) if someone talked with about it or circle N (No) if no one tall you about it.	e wongs lists, no item	rker ted t 1,
		No	Yes
a.	How smoking during pregnancy	N	Y

		No	Yes
į	 How smoking during pregnancy 		
	could affect my baby	. N	Y
	b. Breastfeeding my baby		Y
,	c. How drinking alcohol during		
	pregnancy could affect my baby	. N	Y
,	d. Using a seat belt during my		
	pregnancy	. N	Y
,	e. Medicines that are safe to take		
	during my pregnancy	. N	Y
	f. How using illegal drugs could		
	affect my baby	. N	Y
	g. Doing tests to screen for birth defects		
	or diseases that run in my family		Y
	h. The signs and symptoms of preterm		
	labor (labor more than 3 weeks before	e	
	the baby is due)		Y
	i. What to do if my labor starts early		Y
	j. Getting tested for HIV (the virus		
•	that causes AIDS)	. N	Y
	k. What to do if I feel depressed during		
	my pregnancy or after my baby		
	is born	. N	Y
	I. Physical abuse to women by their		
	husbands or partners	. N	Y
	F		

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 a vitamin with folic acid can help prevent some birth defects?
□ No □ Yes
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
24. When you went for WIC visits during your most recent pregnancy, did you receive information on breastfeeding?
□ No □ Yes
25. During your most recent pregnancy, were you told by a doctor, nurse, or other health care worker that you had gestational diabetes (diabetes that started during this pregnancy)?
□ No □ Yes

26. Did you have any of the following 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.	27c. How many times did you go to the hospital or emergency room because of the problem(s)?
a. Vaginal bleeding Y b. Kidney or bladder (urinary tract) infection	1 time 2 times 3 times 4 or more times
 c. Severe nausea, vomiting, or dehydration	The next questions are about smoking cigarettes around the time of pregnancy (before, during, and after).
(including pregnancy-induced hypertension [PIH]), preeclampsia, or toxemia	28. Have you smoked any cigarettes in the past 2 years? Go to Question 32 Yes
before my baby was due (preterm or early labor)	29. 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
j. I was hurt in a car accident N Y If you did not have any of the problems listed above, go to Question 28.	☐ 11 to 20 cigarettes ☐ 6 to 10 cigarettes ☐ 1 to 5 cigarettes ☐ Less than 1 cigarette ☐ I didn't smoke then
27a. Did a doctor, nurse, or other health care worker tell you to stay home in bed for more than 2 days because of any of the problem(s) listed above?	30. In the <u>last 3</u> months of your pregnancy, how many cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)
□ No □ Yes	 □ 41 cigarettes or more □ 21 to 40 cigarettes □ 11 to 20 cigarettes
27b. Did you go to the hospital or emergency room because of any of the problem(s) listed above?	 □ 6 to 10 cigarettes □ 1 to 5 cigarettes □ Less than 1 cigarette □ I didn't smoke then
No Yes Go to Question 28 Go to Question 27c	1 didn't smoke then

31.	How many cigarettes do you smoke on an average day now? (A pack has 20 cigarettes.)	34a. During the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week?
	☐ 41 cigarettes or more ☐ 21 to 40 cigarettes ☐ 11 to 20 cigarettes ☐ 6 to 10 cigarettes ☐ 1 to 5 cigarettes ☐ Less than 1 cigarette ☐ I don't smoke now	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 Go to Question 35a
32.	Which of the following statements best describes the rules about smoking <i>inside</i> your home <i>now</i> ? Check one answer	34b. During the 3 months before you got pregnant, how many times did you drink 4 alcoholic drinks or more in one sitting? A sitting is a two hour time span.
	 No one is allowed to smoke anywhere inside my home Smoking is allowed in some rooms or at some times Smoking is permitted anywhere inside my home 	☐ 6 or more times ☐ 4 to 5 times ☐ 2 to 3 times ☐ 1 time ☐ I didn't have 4 drinks or more in 1 sitting 35a. During the <u>last 3</u> months of your pregnancy,
	_	how many alcoholic drinks did you have in an average week?
The next questions are about drinking alcohol around the time of pregnancy (before, during, and after). 33. 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. Go to Page 8, Question 36 Go to Question 34a		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 → Go to Page 8, Question 36 35b. During the last 3 months of your pregnancy, how many times did you drink 4 alcoholic drinks or more in one sitting? A sitting is a two hour time span. 6 or more times 4 to 5 times 2 to 3 times 1 time I didn't have 4 drinks or more in 1 sitting

Pregnancy can be a difficult time for some women. The next questions are about things that may have happened before and

	ngs that may have happened <u>before</u> and <u>ring</u> your most recent pregnancy.	ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?
36.	This question is about things that may have happened during the 12 months before your new baby was born. For each item, circle	□ No □ Yes
	Y (Yes) if it happened to you or circle N (No) if it did not. (It may help to look at the calendar when you answer these questions.)	39. During your most recent pregnancy, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any
	No Yes	other way?
a.	A close family member was very sick and had to go into the hospital N Y	□ No □ Yes
b.	I got separated or divorced from my husband or partner N Y	
c.	husband or partner	40. During your most recent pregnancy, did an
d.	I was homeless N Y	ex-husband or ex-partner push, hit, slap,
e.	My husband or partner lost his job N Y	kick, choke, or physically hurt you in any
f.	I lost my job even though I wanted	other way?
	to go on working	☐ No
g.	I argued with my husband or partner more than usual	☐ Yes
h.	My husband or partner said he	
	didn't want me to be pregnant N Y	The next questions are about your labor
i.	I had a lot of bills I couldn't payN Y	and delivery. (It may help to look at the
j.	I was in a physical fight Y	calendar when you answer these questions.)
k.	My husband or partner or I	
1	went to jail N Y	41. When was your baby due?
1.	Someone very close to me had a problem with drinking or drugs N Y	/ / 20
m.	Someone very close to me died N Y	Month Day Veen
37	During the 12 months before you get	Month Day Year
37.	During the 12 months before you got pregnant with your new baby, did your	42. When did you go into the hospital to have
	husband or partner push, hit, slap, kick,	your baby?
	choke, or physically hurt you in any other	Julia de la companya
	way?	/ 20
	☐ No	Month Day Year
	☐ Yes	☐ I didn't have my baby in a hospital
		1 Gidii t have my baby m a nospital

38. During the 12 months before you got

pregnant with your new baby, did an

43.	When was your baby born?	AFTER PREGNANCY		
	$\frac{1}{\text{Month}} / \frac{1}{\text{Day}} / \frac{20}{\text{Year}}$	The next questions are about the time since your new baby was born.		
44.	When were you discharged from the hospital after your baby was born?	46. After your baby was born, was he or she put in an intensive care unit?		
	Month Day / 20 Year ☐ I didn't have my baby in a hospital	☐ No ☐ Yes ☐ I don't know 47. After your baby was born, how long did he		
	Did any of these health insurance plans help	or she stay in the hospital?		
	you pay for the <i>delivery</i> of your new baby? Check <u>all</u> that apply	Less than 24 hours (less than 1 day) 24 to 48 hours (1 to 2 days)		
	 □ Health insurance from your job or the job of your husband, partner, or parents □ Health insurance that you or someone else paid for (not from a job) □ Medicaid □ TRICARE or other military health care □ All Kids □ Other source(s) → Please tell us: □ I did not have health insurance to help pay for my delivery 	3 to 5 days 6 to 14 days More than 14 days My baby was not born in a hospital My baby is still in the hospital Go to Page 10, Question 50 48. Is your baby alive now? No Yes Go to Page 12, Question 61 Yes Go to Page 12, Question 61 Yes Go to Page 12, Question 61 Yes		

50. Did you ever breastfeed or pump breast milk to feed your new baby after delivery, even for a short period of time?	53. How many weeks or months did you breastfeed or pump milk to feed your baby?
No Yes → Go to Question 52	Weeks OR Months ☐ Less than 1 week
51. What were your reasons for not breastfeeding your new baby? Check all that apply	54. What were your reasons for stopping breastfeeding?
My baby was sick and was not able to 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 tried but it was too hard I didn't want to I was embarrassed to breastfeed I went back to work or school I wanted my body back to myself Other	Check all that apply ☐ My baby had difficulty latching or nursing ☐ Breast milk alone did not satisfy my baby ☐ I thought my baby was not gaining enough weight ☐ My nipples were sore, cracked, or bleeding ☐ It was too hard, painful, or too time consuming ☐ I thought I was not producing enough milk ☐ I had too many other household duties
If you did not breastfeed your new baby, go to Question 56b. 52. Are you currently breastfeeding or feeding pumped milk to your new baby? No Yes Go to Question 55 Go to Question 53	☐ I felt it was the right time to stop breastfeeding ☐ I got sick and was not able to breastfeed ☐ I went back to work or school ☐ My baby was jaundiced (yellowing of the skin or whites of the eyes) ☐ Other → Please tell us:

If your baby was not born in a hospital, go to Question 56a.		to	h	low old was your ne e or she ate food (su aby food, or any oth	•
55.	This question asks about things that may have happened at the hospital where you new baby was born. For each item, circle Y (Yes) if it happened or circle N (No) if it not happen.	r			
a.	$oldsymbol{No}$ Hospital staff gave me information about breastfeeding $oldsymbol{N}$	Yes Y		ır baby is still in the 12, Question 61.	e hospital, go to
b. с.	My baby stayed in the same room with me at the hospital N I breastfed my baby in the hospital N	Y Y		which <i>one</i> position ur baby down to sle	do you <u>most often</u> lay ep now?
d.	I breastfed in the first hour after	1			Check one answer
e. f.	my baby was born	Y Y Y		On his or her side On his or her back On his or her stoma	ach
g.	Hospital staff told me to breastfeed whenever my baby wanted	Y	or	-	en by a doctor, nurse, orker for a <i>one week</i> 1e was born?
h. i.	The hospital gave me a breast pump to use	Y		No Yes	
	with formula	Y	50 77		
j. k.	The hospital gave me a telephone number to call for help with breastfeeding	Y	ch he	as your new baby ha eckup? (A well-baby alth visit for your bab d 6 months of age.)	y checkup is a regular
	in the hospital	Y		No— → Go to I	Page 12, Question 61

he or she drank liquids other than breast milk (such as formula, water, juice, tea, or

Weeks **OR** _____ Months

My baby was less than 1 week oldMy baby has not had any liquids other

cow's milk)?

than breast milk

Go to Page 12, Question 60

60.	How many times has your new baby been to a doctor or nurse for a well-baby checkup? (It may help to use the calendar.)	hu	What kind of birth control are you or your usband or partner using <i>now</i> to keep from setting pregnant?	
	Times			
	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 not having sex at certain times [natural family planning or rhythm] or withdrawal, and using birth control methods such as the pill, condoms, vaginal ring, IUD, having their tubes tied, or their partner having a vasectomy.) No Yes Go to Question 63 What are your reasons or your husband's or partner's reasons for not doing anything to keep from getting pregnant now?		Pill Condoms Injection once every 3 months (Depo-Provera®) Contraceptive implant (Implanon®) Contraceptive patch (OrthoEvra®) Diaphragm, cervical cap, or sponge Vaginal ring (NuvaRing®) IUD (including Mirena®) Rhythm method or natural family planning Withdrawal (pulling out) Not having sex (abstinence) Emergency contraception (The "morning-after" pill)	
	Check all that apply		Other Please tell us:	
aı	☐ I am not having sex ☐ I want to get pregnant ☐ I don't want to use birth control ☐ My husband or partner doesn't want to ☐ use anything ☐ I don't think I can get pregnant (sterile) ☐ I can't pay for birth control ☐ I am pregnant now ☐ Other → Please tell us: ☐ You or your husband or partner is not doing ☐ nything to keep from getting pregnant now, ☐ to Question 64.			

64. Below is a list of feelings and experiences that women sometimes have after childbirth. Read each item to determine	If your baby is not alive or is not living with you, go to Question 67. 66. About how many hours a day, on average, is your new baby in the same room or vehicle with someone who is smoking?		
how well it describes your feelings and experiences. Then, write on the line the number of the choice that best describes how often you have felt or experienced			
things this way since your new baby was born. Use the scale when answering:	Hours		
1 2 3 4 5 Never Rarely Sometimes Often Always a. I felt down, depressed, or sad	☐ Less than 1 hour a day☐ My baby is never in the same room or vehicle with someone who is smoking		
b. I felt hopeless	67. Have <i>you</i> ever had your teeth cleaned by a dentist or dental hygienist?		
c. I felt slowed down	□ No → Go to Page 14, Question 69 □ Yes		
OTHER EXPERIENCES	<u> </u>		
The next questions are on a variety of topics. 65. At any time during your most recent pregnancy, did a doctor, nurse, or other health care worker tell you that you had	68. Did you have your teeth cleaned by a dentist or dental hygienist during the time periods listed below? For each time period, circle Y (Yes) if you had your teeth cleaned then or circle N (No) if you did not have your teeth cleaned then. No Yes		
depression? No Yes	a. During my most recent pregnancy N Y b. After my most recent pregnancy N Y		

14

The last questions are about the time during the <u>12 months before</u> your new baby was born.

was born.		·	household income before taxes? Include your income, your husband's or partner's		
69.	During the 12 months before your new baby was born, what were the sources of your household's income?		income, and any other income you may have received. (All information will be kept private and will not affect any services you are now getting.) 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 71. During the 12 months before your new baby was born, how many people, including yourself, depended on this income? People 72. What is today's date?		

70. During the 12 months before your new baby was born, what was your yearly total