PRAMS Surveillance Report Alabama 2011

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

Principal Authors Qun Zheng, M.S., Louie Albert Woolbright, Ph.D. and Izza Cagle, M.P.H.

Donald E. Williamson, M.D., State Health Officer Catherine Molchan Donald, M.B.A., Director, Center for Health Statistics Louie Albert Woolbright, Ph.D., Director, Division of Statistical Analysis

> Alabama Department of Public Health Center for Health Statistics Division of Statistical Analysis Post Office Box 5625 Montgomery, Alabama 36103-5625 (334) 206-5429

> > June 2013

ACKNOWLEDGEMENTS

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

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

Alabama PRAMS staff responsible for the collection and analysis of data in this report include:

Catherine Molchan Donald, PRAMS Project Director, Albert Woolbright, Director of the Statistical Analysis

Division, Izza Cagle, PRAMS Project Coordinator, Qun Zheng, PRAMS Research Analyst and

Yvonne Fountain Paul, PRAMS Data Manager.

PRAMS SURVEILLANCE REPORT ALABAMA 2011

Table of Contents

Acknowledgem	ents	ii
	nts	
Introduction and	d Methods	1
2011 PRAMS S	Surveillance Report Highlights	3
Mothers' Gener	al Comments	4
Chapter One	INTENDEDNESS OF BIRTHS	5
	When Mother Intended to Become Pregnant, Alabama PRAMS 2011	
	Unintended Births in Alabama, Alabama PRAMS 2002-2011	
	Unintended Births by Mother's Race, Alabama PRAMS 2002-2011	8
	Unintended Births for Teens vs. Adults, Alabama PRAMS 2002-2011	
	Unintended Births by Mother's Education, Alabama PRAMS 2002-2011	10
	Unintended Births by Marital Status, Alabama PRAMS 2002-2011	11
	Unintended Births by Method of Payment for Delivery, Alabama PRAMS 2002-2011	12
	Unintended Births by Live Birth Order, Alabama PRAMS 2002-2011	13
	Percent Low Birth Weight by Intendedness of Births, Alabama PRAMS 2002-2011	14
	Mothers' Intendedness Comments	15
Chapter Two	PRENATAL CARE	16
	Prenatal Care Received as Early as Mother Wanted, Alabama PRAMS 2011	17
	Topics Discussed During Prenatal Care Visits, Alabama PRAMS 2011	
	Knowledge of Folic Acid by Alabama Mothers, Alabama PRAMS 2011	19
	Percent of Mothers Who Took a Multivitamin Before Pregnancy, Alabama PRAMS 2011	19
	Diseases or Infections Identified During Pregnancy, Alabama PRAMS 2011	20
	Mothers' Prenatal Care Comments	21
Chapter Three	NEGATIVE HEALTH BEHAVIORS: SMOKING AND DRINKING	22
	Percent of Mothers Who Smoked in the Past 2 Years, Alabama PRAMS 2011	23
	Percent of Mothers Who Smoked, Alabama PRAMS 2002-2011	
	Percent of Mothers Who Smoked by Mother's Race, Alabama PRAMS 2011	25
	Percent of Mothers Who Smoked by Mother's Age, Alabama PRAMS 2011	
	Percent of Mothers Who Smoked by Mother's Education, Alabama PRAMS 2011	
	Percent of Mothers Who Smoked by Marital Status, Alabama PRAMS 2011	
	Percent of Mothers Who Smoked by Method of Payment, Alabama PRAMS 2011	
	Percent of Mothers Who Smoked by Mother's Age and Race, Alabama PRAMS 2011	
	Percent of Mothers Who Drank Before and During Pregnancy, Alabama PRAMS 2002-2011	
	Percent of Mothers Who Drank by Mother's Race, Alabama PRAMS 2011	
	Percent of Mothers Who Drank by Mother's Age, Alabama PRAMS 2011	
	Percent of Mothers Who Drank by Mother's Education, Alabama PRAMS 2011	
	Percent of Mothers Who Drank by Marital Status, Alabama PRAMS 2011	
	Percent of Mothers Who Drank by Method of Payment, Alabama PRAMS 2011	
	Percent Low Birth Weight by Drinking Status, Alabama PRAMS 2011	37

	Mothers' Negative Health Behaviors Comments	38
Chapter Four	HEALTH CARE SYSTEM ISSUES	39
	Mother Experienced a Medical Problem During Pregnancy, Alabama PRAMS 2011 Mothers Indicating a Medical Problem Who Visited a Hospital or Emergency Room or were on Bed Re	
	During Pregnancy, Alabama PRAMS 2011	
	WIC Receipt During Pregnancy, Alabama PRAMS 2002-2011	
	Mothers' Health Care System Comments	
	Would's Treath Care System Comments	43
Chapter Five	BREASTFEEDING	44
	Percent of Mothers Who Breastfed, Alabama PRAMS 2011	45
	Percent of Mothers Who Initiated Breastfeeding, Alabama PRAMS 2002-2011	
	Percent of Mothers Who Initiated Breastfeeding by Mother's Race, Alabama PRAMS 2002-2011	
	Percent of Mothers Who Initiated Breastfeeding by Mother's Age, Alabama PRAMS 2002-2011	
	Percent of Mothers Who Initiated Breastfeeding by Mother's Education, Alabama PRAMS 2002-2011.	
	Percent of Mothers Who Initiated Breastfeeding by Marital Status, Alabama PRAMS 2002-2011	
	Percent of Mothers Who Initiated Breastfeeding by Method of Payment for Delivery,	
	Alabama PRAMS 2002-2011	51
	Percent of Mothers Who Initiated Breastfeeding by Birth Weight, Alabama PRAMS 2002-2011	52
	Breastfeeding Events at Hospital After Delivery, Alabama PRAMS 2011	53
	Mothers' Breastfeeding Comments	54
Chapter Six	CONTRACEPTION	55
	Mother Not Planning Pregnancy Using Birth Control at Conception, Alabama PRAMS 2011	56
	Mother Currently Using Birth Control, Alabama PRAMS 2011	
	Current Birth Control Methods, Alabama PRAMS 2011	
	Mothers' Birth Control Comments	
Chapter Seven	MISCELLANEOUS	60
	Sources of Stress 12 Months Before Delivery, Alabama PRAMS 2011	61
	Mental Health of Mothers, Alabama PRAMS 2011	
	Mental Health of Mothers, Alabama PRAMS 2011 (continued)	
	Percent of Mothers Who Experienced Physical Abuse, Alabama PRAMS 2011.	
	Percent of Mothers by When Dental Cleanings Occurred, Alabama PRAMS 2011	
	Baby's Sleeping Position, Alabama PRAMS 2011	
	Mothers' Miscellaneous Comments	
Technical Notes	5	68
PRAMS Surve	ey Questions	73

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 at the Alabama Department of Public Health, Center for Health Statistics.

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 whose deliveries are paid by Medicaid are over sampled. Roughly equal numbers of mothers are selected from each of two sample strata, Medicaid and non-Medicaid.

The figures given in this publication are weighted to represent the 56,111 live births which occurred in Alabama in 2011 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 2011, 866 questionaires were completed from 1,459 sampled. The overall **unweighted** response rate was 59.4 percent, and the **weighted** response rate was 59.4 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 2011.

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.

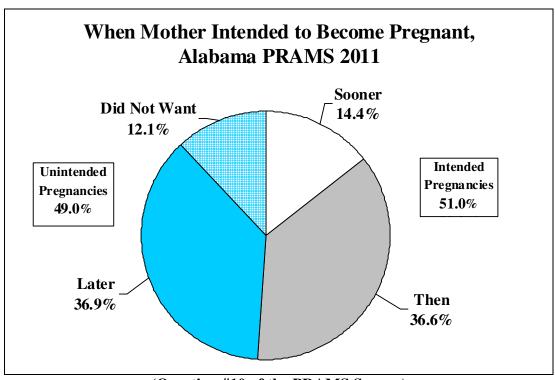
2011 Alabama PRAMS Surveillance Report Highlights

- 49.0 percent of Alabama births were unintended.
- 60.3 percent of Alabama mothers did not take any multivitamins before becoming pregnant.
- 12.2 percent of Alabama mothers indicated they continued smoking during pregnancy.
- 7.0 percent of Alabama mothers reported drinking alcoholic beverages on a weekly basis during the last three months of pregnancy.
- 69.0 percent of Alabama mothers reported having a medical problem, such as severe nausea or vomiting, preterm labor, high blood pressure, kidney or bladder infections, vaginal bleeding, or diabetes during pregnancy.
- 60.4 percent of Alabama mothers participated in the Supplemental Food Program for Women, Infants, and Children (WIC) during pregnancy.
- 71.6 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), 88.2 percent of mothers were using some form of birth control.
- 37.0 percent of Alabama mothers reported they moved to a new address during their pregnancy.
- 14.0 percent of Alabama mothers reported they *always or almost always* felt down, depressed, or sad since the birth of their baby. 57.9 percent reported feeling this way *sometimes or on rare occasions*.
- 9.2 percent of Alabama mothers reported being *diagnosed* by their doctor or health care worker with depression since the birth of their infant.
- 39.8 percent of Alabama mothers reported having a dental cleaning during their pregnancy.
- 65.5 percent of Alabama mothers most often lay their babies on their backs for sleeping.

Mothers' General Comments

- "I think this is a wonderful survey...My pregnancy wasn't perfect but I am blessed with a beautiful new son."
- "Motherhood is such a joy!"
- "Thanks for allowing me to participate in your survey."
- "I am very interested in knowing the outcome of this survey."
- "This is a great study. Thank you for your time and effort on this topic."
- "Babies are truly a miracle. I give you all a thumbs up for your study."
- "Hope this survey helps."

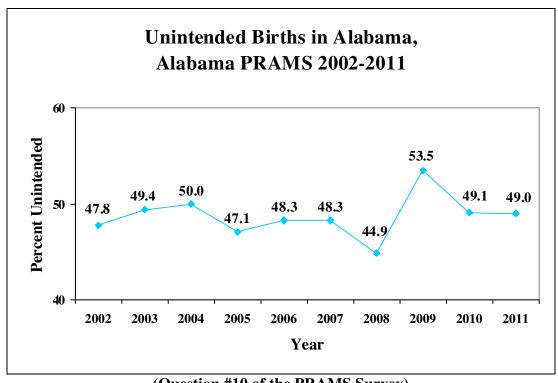
INTENDEDNESS OF BIRTHS



(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 2011, 49.0 percent of Alabama mothers reported their pregnancies as *unintended*. 36.9 percent of Alabama women said they wanted to be pregnant *later*, and 12.1 percent said they did not want to be pregnant then or at any time in the future. On the other hand, 51.0 percent of Alabama mothers reported either wanting to be pregnant *then* (36.6 percent) or even *sooner* (14.4 percent). The Healthy People 2020 Objective is to increase the proportion of pregnancies that are intended to 56.0 percent.

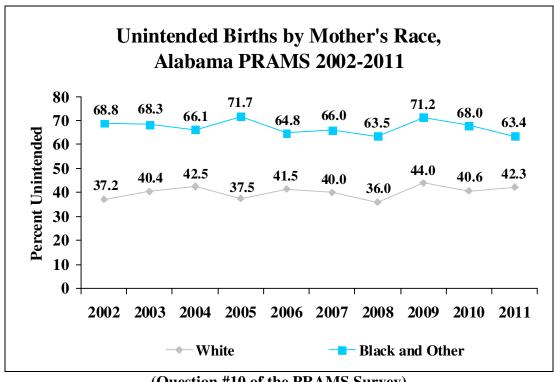
95 % Confidence Intervals										
Intention Sooner Then Later Did not want Intended Unintended										
Percent	12.2-16.9	33.5-39.8	33.7-40.2	10.0-14.5	47.7-54.3	45.7-52.3				



(Question #10 of the PRAMS Survey)

From 2009 to 2010, there was an 8.2% decrease in unintended births in Alabama. From 2010 to 2011, there was no change.

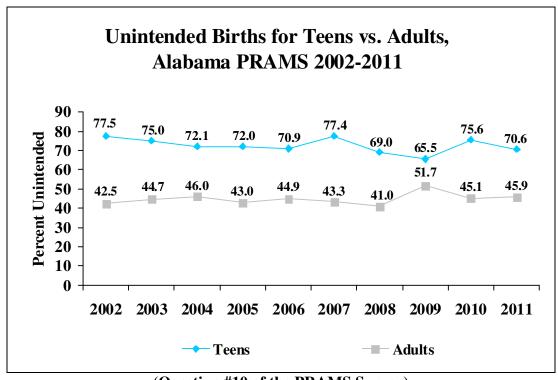
	95 % Confidence Intervals											
Year 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011									2011			
% Unintended	44.8-50.8	46.3-52.5	46.5-53.5	43.7-50.6	44.9-51.8	44.8-51.8	41.4-48.5	49.8-57.1	45.5-52.7	45.7-52.3		



(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 2010-2011, the percentage of unintended births to black and other women decreased by 6.8 percent, and the percentage of unintended births increased by 4.2 percent from 2010-2011 among white women. The percent change in both populations is not statistically significant.

	95 % Confidence Intervals												
Year	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011			
White	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	39.7-48.4	36.5-44.9	38.5-46.2			
Black & Other	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	64.7-77.0	61.2-74.1	57.1-69.4			

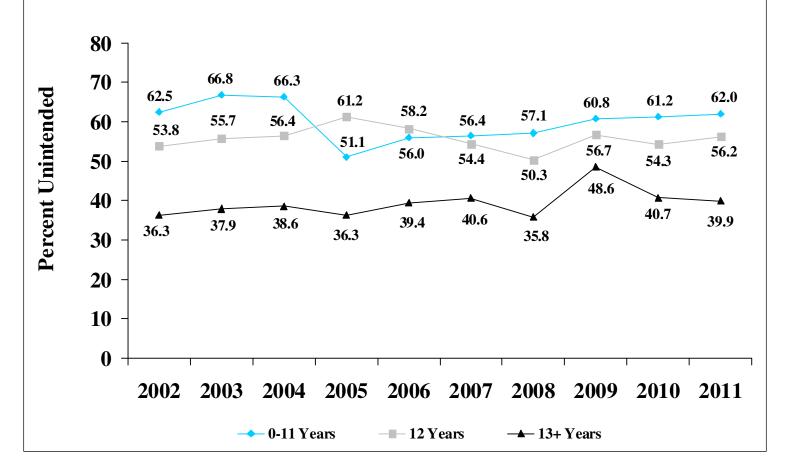


(Question #10 of the PRAMS Survey)

An inverse correlation exists between unintended births and maternal age. As maternal age increases, the percent of unintended births decreases. Females, 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 2010 to 2011, there was a 6.6 percent decrease in the percent of unintended pregnancies among Alabama's teens.

	95 % Confidence Intervals											
Year	ear 2002 2003 2004 2005 2006 2007 2008 2009 2010 2									2011		
Teens	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	54.6-75.0	65.7-83.3	60.5-78.9		
Adults	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	47.7-55.6	41.2-49.0	42.4-49.4		

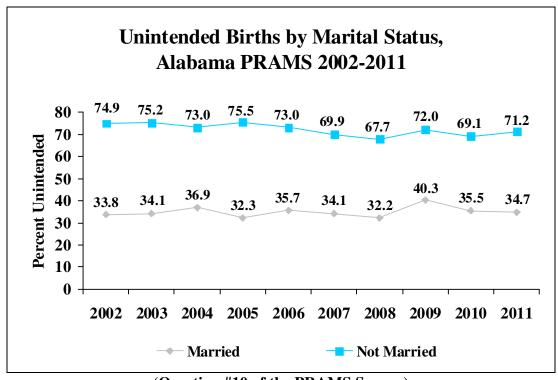




(Question #10 of the PRAMS Survey)

As the amount of formal education increases, the percent of unintended births decreases. From 2005-2011, there was a 21.3% increase of unintended births among women with the lowest level of education and a slight increase among women with 12 years of education. There was a 17.9% decrease in unintended births among women with the highest levels of education from 2009 to 2011. These changes were not statistically significant.

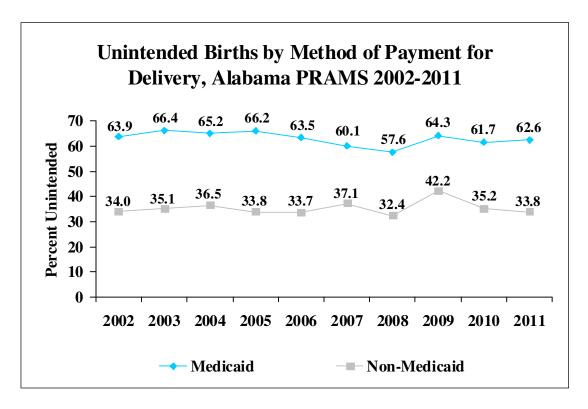
	95 % Confidence Intervals												
Year/ Education	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011			
0-11 yrs.	56.4-68.7	59.9-73.0	58.2-73.6	43.2-58.8	48.0-63.8	47.6-64.9	48.4-65.3	52.0-69.0	52.5-69.2	53.5-69.7			
12 yrs.	48.2-59.3	49.9-61.4	49.9-62.6	54.8-67.3	51.4-64.8	47.9-60.8	43.6-56.9	49.8-63.3	47.6-60.8	49.7-62.5			
13+ yrs.	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	43.5-53.7	35.7-45.8	35.7-44.3			



(Question #10 of the PRAMS Survey)

The average percent of unintended births to unmarried women was 105.2 percent higher than that of married women. Abstinence, postponement of childbearing and improved contraceptive use would be instrumental in the reduction and elimination of unintended births, especially among unmarried women for whom the consequences tend to be greatest. From 2010-2011, there was a 3.0 percent increase of unintended births among unmarried women and 2.3 percent decrease of unintended births among married women.

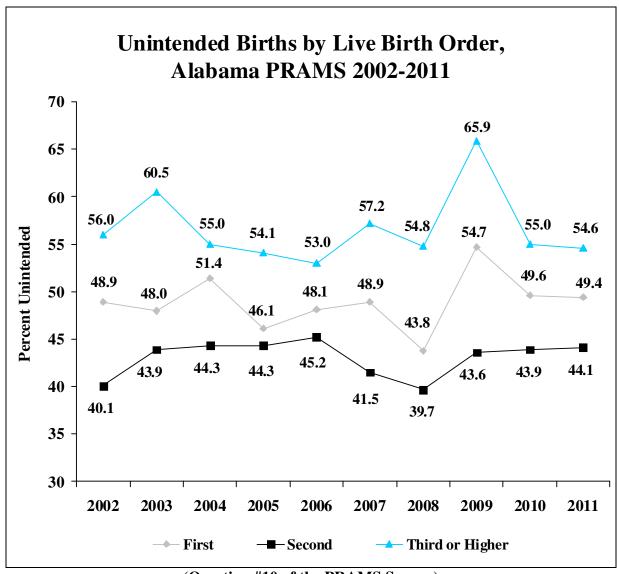
95 % Confidence Intervals												
Year/ Marital Status	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011		
Married	30.1-37.5	30.4-38.0	32.8-41.3	28.4-36.5	31.7-39.9	30.2-38.3	28.2-36.5	35.8-44.9	31.1-40.1	30.8-38.8		
Not Married	70.5-79.4	70.1-79.6	67.3-78.0	69.8-80.3	67.1-78.2	64.0-75.3	61.5-73.4	66.1-77.2	63.3-74.4	65.8-76.1		



(Question #10 of the PRAMS Survey)

In 2011 in Alabama, 62.6 percent of births to women on Medicaid were unintended compared to 33.8 percent among non-Medicaid women. This indicates that poorer women are more likely to have unplanned births.

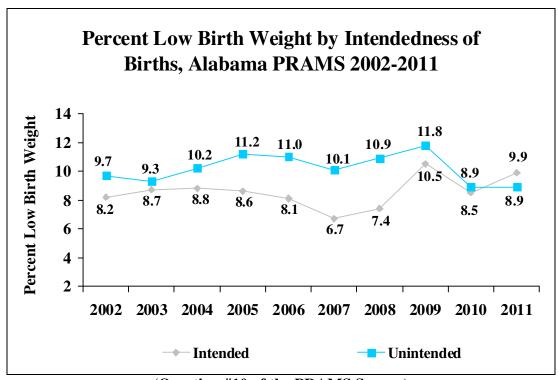
	95 % Confidence Intervals											
Year/ Payment	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011		
Medicaid	59.7-68.0	62.0-70.6	60.3-69.7	61.2-70.9	58.5-68.1	54.9-65.0	52.2-62.8	59.1-69.2	56.6-66.6	57.7-67.2		
Non- Medicaid	29.7-38.3	30.8-39.7	31.5-41.7	29.1-38.9	29.1-38.7	32.4-42.1	27.9-37.3	37.0-47.6	30.2-40.5	29.5-38.4		



(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. From 2009 to 2011, there was a 9.7 percent decrease in unintended births for mothers having their first child. In 2011, for mothers having their third (or higher) child, 54.6% of the births were unintended, and there was a 17.1 percent decrease from 2009 to 2011. All of the changes from 2009 to 2011 were not statistically significant.

95 % Confidence Intervals												
Year/ Birth Order	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011		
First	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	49.0-60.2	44.1-55.1	44.5-54.4		
Second	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	37.3-50.0	37.6-50.4	38.1-50.2		
Third +	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	58.3-72.8	47.5-62.3	47.5-61.5		



(Question #10 of the PRAMS Survey)

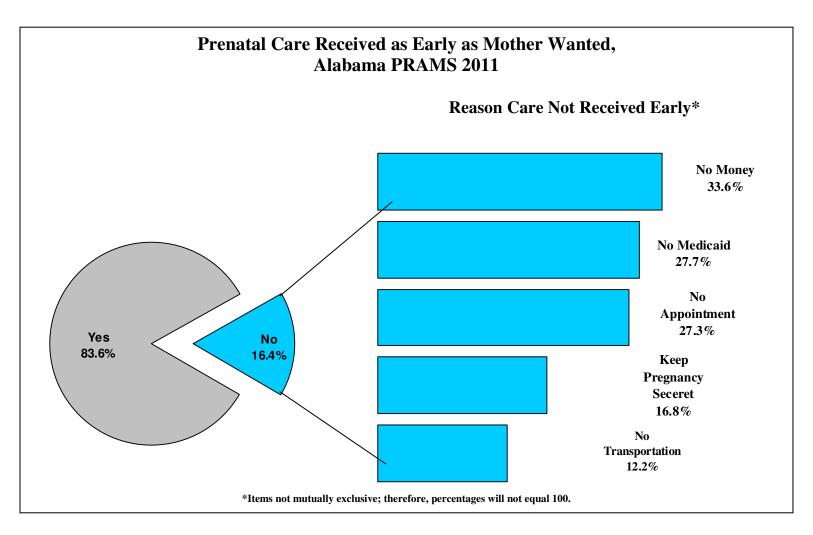
Low birth weight is defined as birth weight of less than 2,500 grams or 5 lbs. 8oz. Infants delivered at this weight are at increased risk of death during their first year of life or of lifelong disabilities. Of births reported as unintended in 2011, 8.9 percent were low weight births. There was no change from 2010. Of intended births, the percentage of low weight births increased in 2011, but the increase was not statistically significant.

	95 % Confidence Intervals												
Year/ Intention	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011			
Intended	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	7.5-14.4	6.1-11.8	7.4-13.1			
Unintended	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	8.7-15.7	6.3-12.5	6.4-12.2			

Mothers' Intendedness Comments

- "We didn't know we were going to get pregnant so soon after I had my baby..."
- "I had two children already. Didn't want to bring another child into the world until we were more settled and doing better! It's kind of a financial problem."
- "We had been trying to get pregnant without success. We were blessed with our pregnancy two years after we began trying. We were not trying or preventing."
- "We discussed me getting off of birth control to see if we would get pregnant, but we weren't trying."
- "My husband is sterile, we used artificial insemination."
- "My husband and I tried for seven years to become pregnant. We did in vitro three times and finally got pregnant with twins."

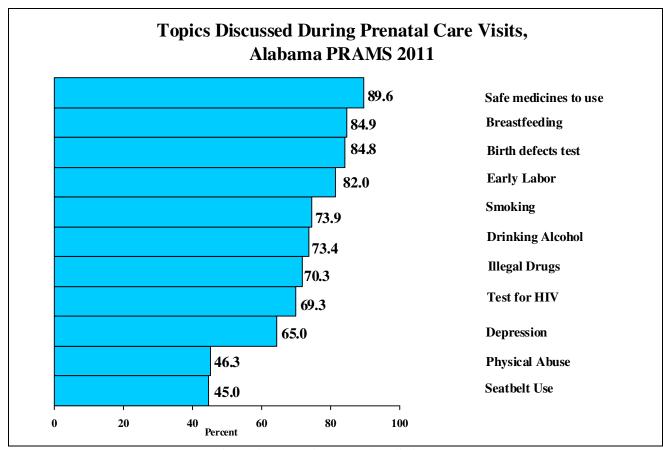
PRENATAL CARE



(Questions 17 & 18 of the PRAMS Survey)

Early and adequate prenatal care is critical in detecting problems that arise during pregnancy and in treating them before they become serious or life-threatening. In 2011, 16.4% 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 Prenatal Care	Yes	No	No Appt.	No Money	No Medicaid Card	Secret	No Trans.					
Percent	80.9-86.0	14.1-19.1	20.4-35.5	26.0-42.1	20.7-36.0	11.2-24.4	7.5-19.3					

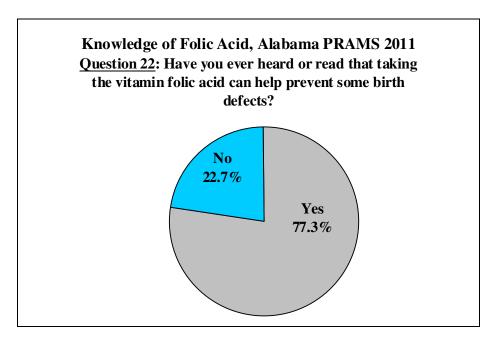


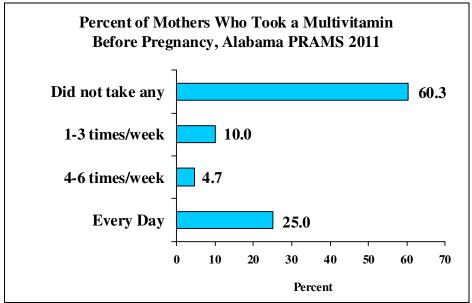
(Question 20 of the PRAMS Survey)

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 2011, almost nine out of ten Alabama mothers reported being informed about safe medications to take during their pregnancies. Approximately 8 out of 10 mothers reported discussions about screening tests for birth defects or diseases which run in their families, breastfeeding, and what to do if premature labor occurs. Only 46.3 percent of Alabama's mothers reported having a discussion about physical abuse by a husband or partner, and only 45.0 percent reported any discussion on seat belt usage during pregnancy.

95% Confidence Intervals						
Topics	Safe Medicines	Birth defects	Depression	Early labor	Breastfeeding	
Percent	87.3-91.5	82.1-87.1	61.7-68.1	79.2-84.4	82.4-87.1	

95% Confidence Intervals						
Smoking	HIV testing	Drinking	Illegal drug usage	Seat belt usage	Physical abuse	
71.1-76.6	66.2-72.3	70.5-76.2	67.3-73.1	41.6-48.4	43.1-49.6	



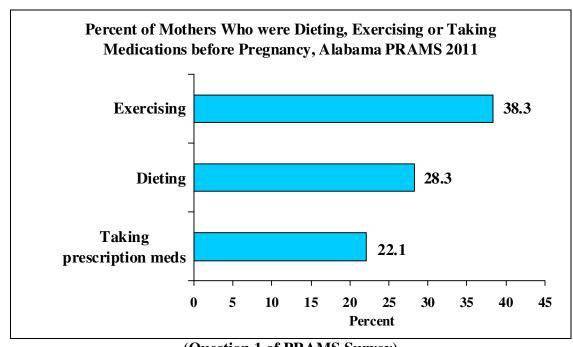


(Question 3 of the PRAMS Survey)

Studies have shown that women who consume 400 micrograms of folic acid daily before becoming pregnant can greatly reduce the incidence of neural tube defects such as spina bifida and anencephaly in their infants. In 2011, 77.3% of 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 60.3 percent of mothers took no multivitamins (which contain the required amount of folic acid) the month before their pregnancy occurred. Only 25.0 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						Taken Daily
Percent	74.4-80.1	19.9-25.7	57.1-63.5	8.1-12.2	3.5-6.3	22.3-28.0



(Question 1 of PRAMS Survey)

In 2011, 38.3 percent of mothers said they were exercising three or more days of the week, and 28.3 percent were dieting (changing eating habits). 22.1 percent of mothers were taking prescription medicines other than birth control.

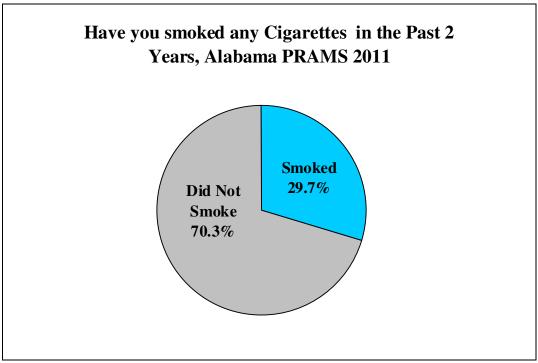
95% Confidence Intervals						
Topics Dieting Exercise Taking prescription I						
Percent	25.4-31.3	35.1-41.6	19.4-24.9			

Mothers' Prenatal Care Comments

- "I think it's very important that women seek prenatal care as soon as possible. They
 should completely stop smoking and drinking during pregnancy. I believe just these few
 things will make a difference in the outcome of their babies' lives."
- "During my pregnancy, I got a lot of rest and planned healthy meals and snacks daily.
 Kept all my appointments."
- "While I was pregnant, I did not drink, smoke or take any medication period. I went to
 every doctor's appointment and if anything didn't feel right, I went to the emergency
 room."
- "Pregnant women need to make sure they eat healthy, exercise and try to be as healthy as possible during their pregnancy."
- "Ladies, take care of your bodies, exercise, eat right, walk a lot and go to all doctors' visits and WIC classes. Treat your body right – don't smoke, drink alcohol – don't do drugs and never put your baby at risk."
- "I had a great pregnancy and I loved the services and care I received from my doctors. I
 was pleased with my prenatal care."
- "I recommend that pregnant women take their prenatal vitamins."
- "Get early prenatal care and don't miss visits."
- "...I felt I should have been seen sooner due to the fact that I have had four miscarriages.
 So maybe special circumstances could allow an at risk pregnant woman to be seen sooner if needed."

NEGATIVE HEALTH BEHAVIORS:

SMOKING AND DRINKING

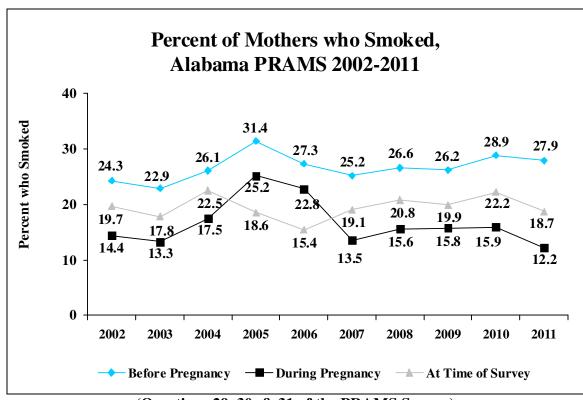


(Question 28 of the PRAMS Survey)

The Centers for Disease Control and Prevention (CDC) has reported that "Smoking during pregnancy is the single most preventable cause of illness and death among mothers and infants." ¹ They report that infants born to mothers who smoked while pregnant are more likely to be low birth weight infants (weighing less than 2,500 grams), and may experience lifelong health problems. In addition to this, babies born to women who smoked during pregnancy have about 30% higher odds of being born prematurely and are also 1.4 to 3.0 times more likely to die of SIDS (Sudden Infant Death Syndrome). In 2011, when Alabama mothers were asked if they had smoked any cigarettes in the past two years, 29.7 percent answered 'Yes'.

95% Confidence Intervals					
Smoking Status Smoked Did Not Smoke					
Percent	26.8-32.9	67.1-73.3			

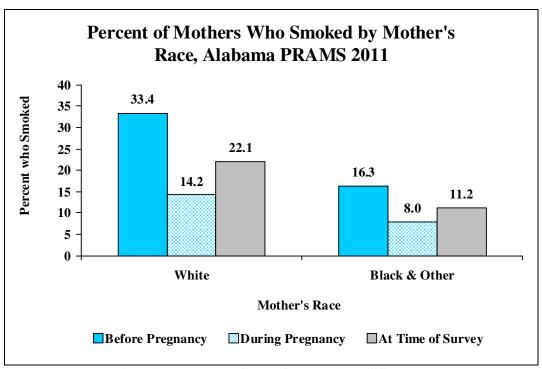
¹ The Centers for Disease Control and Prevention (CDC). Preventing Smoking and Exposure to Secondhand Smoke Before, During, and After Pregnancy. http://www.cdc.gov/nccdphp/publications/factsheets/prevention/pdf/smoking.pdf. Found June 2013.



(Questions 29, 30, & 31 of the PRAMS Survey)

The Healthy People 2020 Objective is to increase abstention from cigarette smoking by pregnant women to 98.6 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 2011, although 12.2 percent of Alabama mothers continued to smoke while pregnant. From 2010 to 2011, the decreases in smoking seen during the three time periods (before, during and after pregnancy) were not statistically significant.

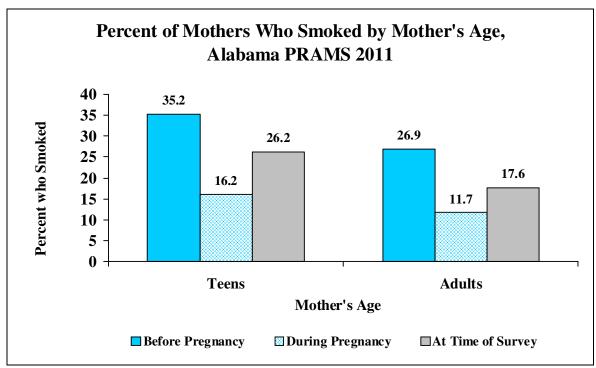
	95% Confidence Intervals									
Year/ Smoked	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Before Pregnancy	21.7-27.0	20.3-25.7	23.1-29.3	28.2-34.8	24.3-30.5	22.2-28.4	23.5-29.9	23.1-29.5	25.7-32.4	25.0-31.0
During Pregnancy	12.3-16.5	11.3-15.6	15.0-20.3	16.0-21.5	13.1-18.1	11.3-16.1	13.2-18.4	13.3-18.7	13.4-18.8	10.1-14.7
At Time of Survey	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	17.2-23.0	19.3-25.4	16.2-21.4



(Questions 29, 30, & 31 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. For white mothers, there was a statistically significant decrease in smoking from before pregnancy to during pregnancy. White mothers were statistically more likely to smoke before and after pregnancy.

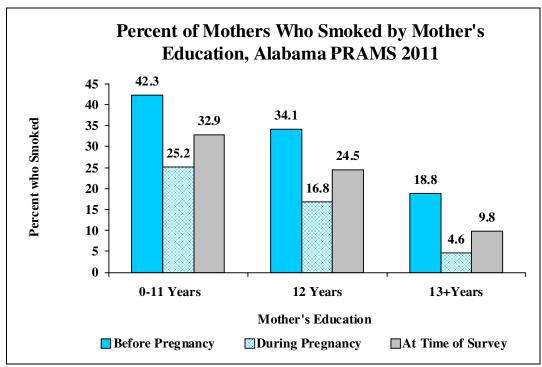
95 % Confidence Intervals							
Smoked/Race: Before Pregnancy During Pregnancy At Time of Survey							
White	29.8-37.2	11.6-17.3	19.0-25.6				
Black and Other	12.1-21.7	5.1-12.3	7.7-16.1				



(Questions 39, 30, & 31 of the PRAMS Survey)

In 2011, teen and adult mothers followed the same pattern - decreasing smoking during pregnancy and increasing after delivery. The decrease in smoking during pregnancy among both adult and teen mothers was statistically significant.

95 % Confidence Intervals					
Smoked/Age:	Before Pregnancy	During Pregnancy	At Time of Survey		
Teens	26.1-45.5	10.0-25.3	18.3-36.1		
Adults	23.9-30.2	9.5-14.2	15.0-20.5		

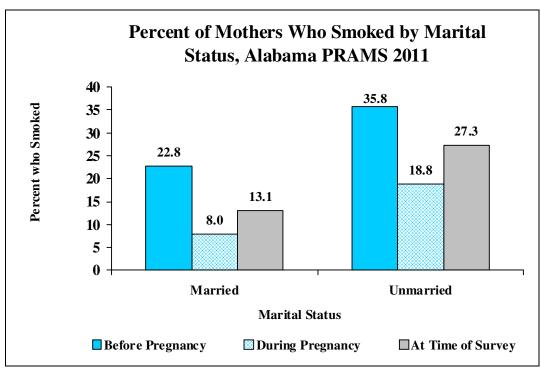


(Questions 29, 30, & 31 of the PRAMS Survey)

Generally in Alabama, there is an inverse correlation between a woman's educational attainment and smoking. As a woman's level of education *increases*, smoking *decreases*. In 2011, 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 statistically significant. About one in four 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. 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.

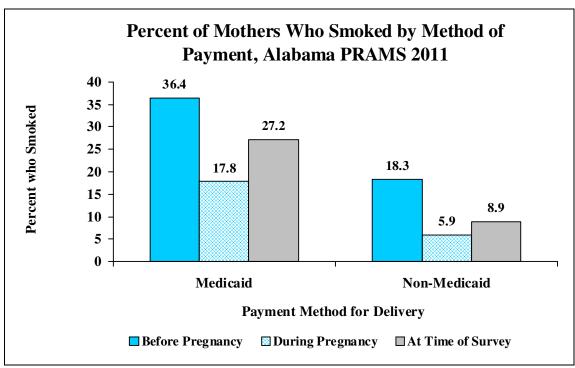
95 % Confidence Intervals						
Smoked/ Education:	Before Pregnancy	During Pregnancy	At Time of Survey			
0-11 Years	34.3-50.8	18.7-33.2	25.5-41.2			
12 Years	28.4-40.4	12.6-22.0	19.5-30.3			
13+ Years	15.6-22.6	3.0- 6.8	7.4-12.9			



(Questions 29, 30, & 31 of the PRAMS Survey)

In 2011, 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 64.9 percent, which was a statistically significant decrease. Unmarried women decreased smoking while pregnant by 47.5 percent, which was also statistically significant.

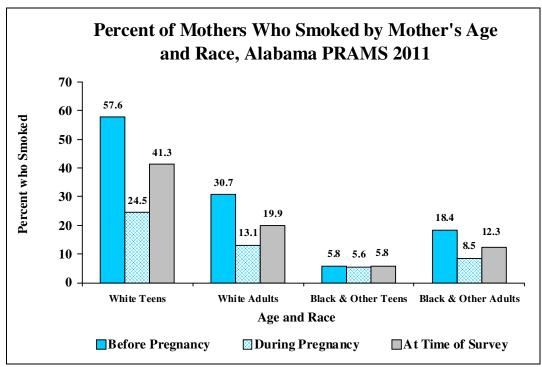
95 % Confidence Intervals						
Smoked/ Marital Status:	Before Pregnancy	During Pregnancy	At Time of Survey			
Married	19.5-26.6	5.9-10.6	10.5-16.2			
Unmarried	30.5-41.4	14.7-23.7	22.5-32.7			



(Questions 29, 30, & 31 of the PRAMS Survey)

In 2011, 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.

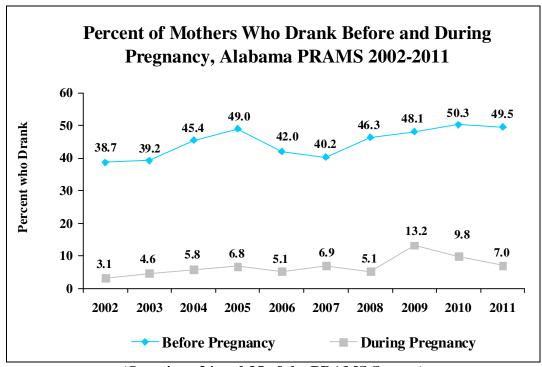
95 % Confidence Intervals						
Smoked/ Payment Method:	Before Pregnancy	During Pregnancy	At Time of Survey			
Medicaid	31.9-41.2	14.4-21.9	23.0-31.7			
Non-Medicaid	14.9-22.2	4.0-8.6	6.5-12.1			



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

In 2011, a higher percentage of white mothers smoked than did black and other mothers. White teen mothers had the highest rates of smoking, and black and other teen mothers had the lowest rates. The decrease in smoking for white teen mothers and both white and black and other adults during pregnancy was statistically significant.

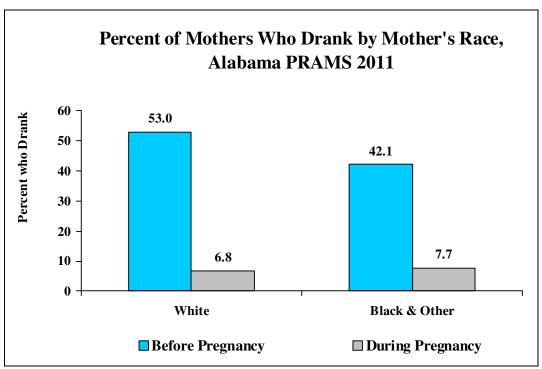
95 % Confidence Intervals							
Smoked/ Race and Age:	Before Pregnancy	During Pregnancy	At Time of Survey				
White Teens	44.4-69.8	14.7-37.8	29.3-54.5				
White Adults	27.0-34.6	10.4-16.2	16.8-23.5				
Black & Other Teens	1.5-20.3	1.4-19.8	1.5-20.3				
Black & Other Adults	13.5-24.5	5.3-13.4	8.3-17.8				



(Questions 34 and 35 of the PRAMS Survey)

From 2010 to 2011, there was a slight decrease of 1.6 percent in drinking *before* becoming pregnant and a decrease of 28.6 percent in drinking *during* the last three months of pregnancy reported by Alabama mothers. From 2002-2011, Alabama women did significantly decrease drinking during their pregnancies from their levels of drinking before pregnancy.

95% Confidence Intervals										
Year/Drank	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Before Pregnancy	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	44.4-51.8	46.6-54.0	46.2-52.9
During Pregnancy	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	10.9-15.9	7.8-12.3	5.5-9.0

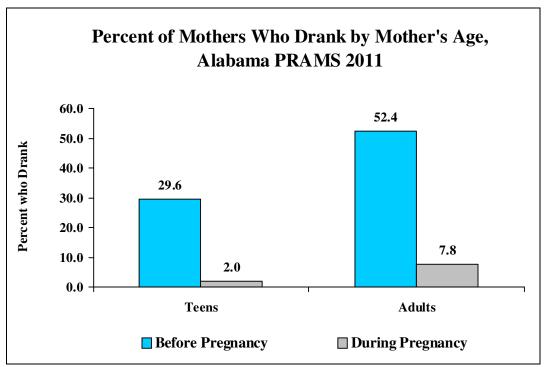


(Questions 32 and 33 of the PRAMS Survey)

In 2011, over 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.

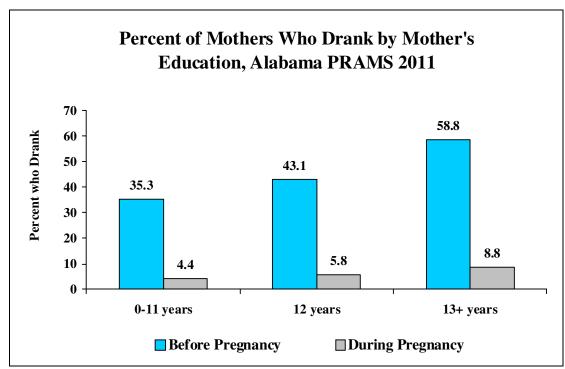
95% Confidence Intervals							
Drank /Race	Before Pregnancy	During Pregnancy					
White	49.0-56.9	5.1-9.0					
Black and Other	35.9-48.6	4.8-12.0					



(Questions 34 and 35 of the PRAMS Survey)

As expected, a higher percentage of adult mothers reported consuming alcohol than teenage mothers. In 2011, 29.6 percent of teenage mothers reported using alcohol before becoming pregnant, and 2.0 percent reported drinking during their pregnancies, despite being underage. In both populations, drinking significantly declined during the last three months of their pregnancies.

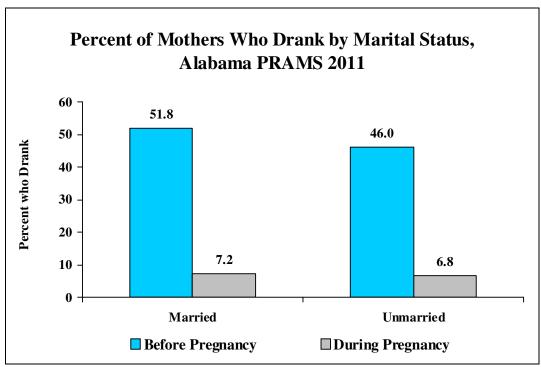
95% Confidence Intervals								
Drank / Mother's Age	Before Pregnancy	During Pregnancy						
Teens	21.3-39.4	0.5-7.8						
Adults	48.8-56.0	6.0-9.9						



(Questions 32 and 33 of the PRAMS Survey)

In 2011, women with higher levels of education were more likely to drink than women with lower educational attainment. This could be attributable to age. Women with lower educational levels are probably younger. In each educational level, drinking during pregnancy decreased significantly.

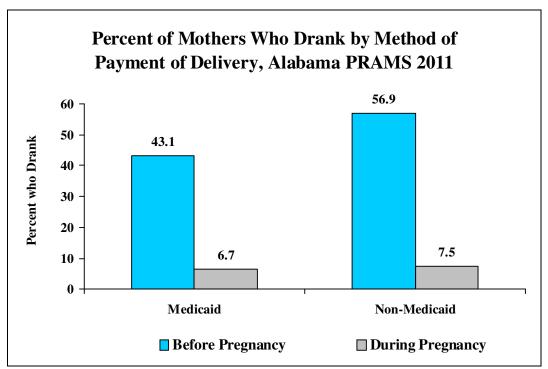
95% Confidence Intervals								
Drank/Education	Before Pregnancy	During Pregnancy						
0-11 years	27.8-43.7	2.0-9.3						
12 years	36.8-49.6	3.4-9.6						
13+ years	54.3-63.1	6.6-11.8						



(Questions 32 and 33 of the PRAMS Survey)

In 2011, unmarried mothers were about 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.

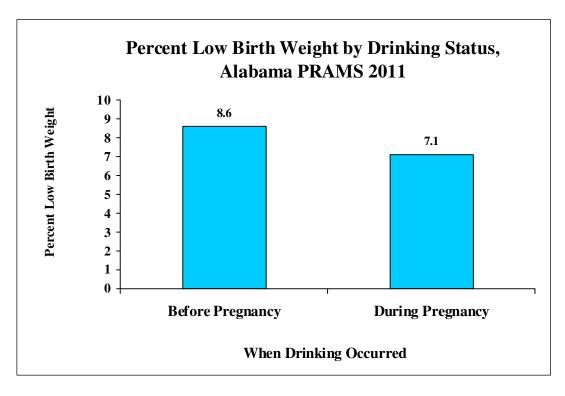
95 % Confidence Intervals								
Drank/Marital Status	Before Pregnancy	During Pregnancy						
Married	47.7-56.0	5.4-9.6						
Unmarried	40.4-51.8	4.4-10.4						



(Questions 32 and 33 of the PRAMS Survey)

In Alabama in 2011, 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. Medicaid mothers drank significantly less before pregnancy than their non-Medicaid counter parts. In both groups, a statistically significant decrease in drinking was reported during the last three months of their pregnancies.

95% Confidence Intervals								
Drank/Payment Method	Before Pregnancy	During Pregnancy						
Medicaid	38.3-48.0	4.6-9.6						
Non-Medicaid	52.2-61.5	5.4-10.3						



(Questions 34 and 35 of the PRAMS Survey)

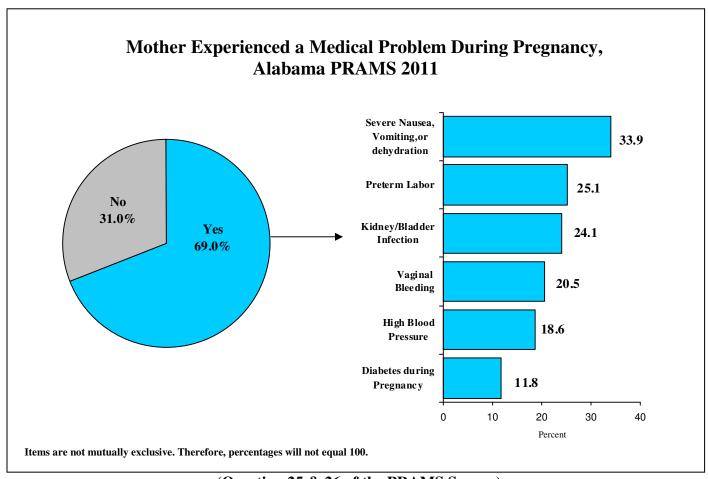
In 2011, 8.6 percent of women who drank before pregnancy had a low weight infant. Among women who drank while pregnant, 7.1 percent delivered a low weight infant. There is no statistically significant difference in the percentage of low weight births to mothers who drank before pregnancy or during pregnancy.

	95% Confidence Intervals							
Drank	Before Pregnancy	During Pregnancy						
Percent LBW	6.2-11.7	2.6-17.5						

Mothers' Negative Health Behaviors Comments

- "Please do not smoke or drink while you are pregnant."
- "I see too many women that do not take their pregnancy seriously. Too many women continue drinking, smoking or even drugs during their pregnancy. They need to be even more informed of the risks they are taking and the danger they are putting their unborn baby in."
- "I immediately quit smoking when I found out I was pregnant and did not smoke during my pregnancy and I suggest all expecting mothers to do the same for the health of their babies."

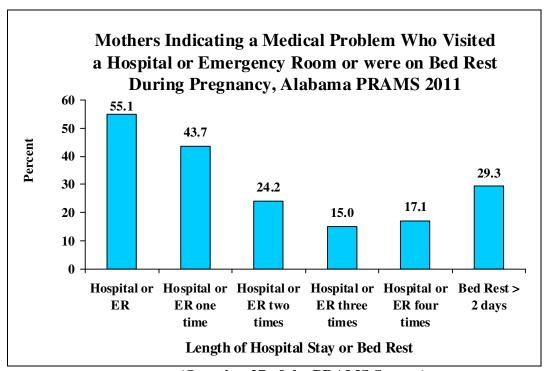
HEALTH CARE SYSTEM ISSUES



(Question 25 & 26 of the PRAMS Survey)

In 2011, 69.0 percent of Alabama mothers reported having a medical problem during their pregnancy. Of those, the highest percentage (33.9) reported having severe nausea, vomiting, and/or dehydration. A little over one in four mothers reported experiencing preterm labor or a kidney/bladder infection. 20.5 percent of mothers reported vaginal bleeding, while 18.6 percent of mothers reported having high blood pressure. In addition,11.8 percent of mothers developed gestational diabetes.

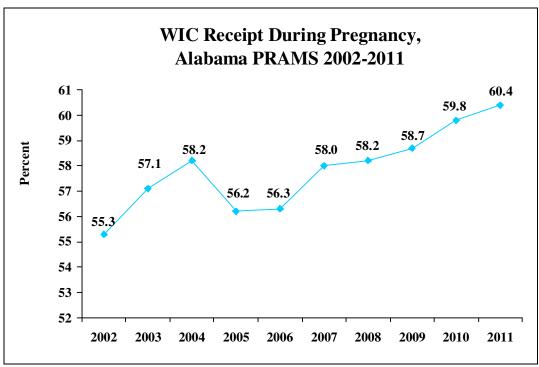
	95% Confidence Intervals										
Problems	Yes	No	Nausea,vomiting, or dehydration	Preterm labor	Kidney/ Bladder infection	Vaginal Bleeding	НВР	Diabetes During Preg.			
Percent	65.8-72.1	27.9-34.2	30.8-37.2	22.3-28.2	21.3-27.1	17.9-23.4	16.1-21.3	9.7-14.2			



(Question 27 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, 55.1 percent of mothers visited a hospital at least once; 43.7 percent of these visited one time; 24.2 percent went to hospital two times; and 29.3 percent stayed in bed for more than two days at a doctor's or nurse's advice.

95% Confidence Intervals									
Times of went to Hospital/ER or Bed Rest	Hospital/ER	Hospital/ER 1 time	Hospital/ER 2 times	Hospital/ER 3 times	Hospital/ER 4 times	Bed Rest > 2 days			
Percent	50.8-59.3	38.1-49.5	19.6-29.5	11.3-19.7	13.1-22.1	25.6-33.4			



(Questions 23 of the PRAMS Survey)

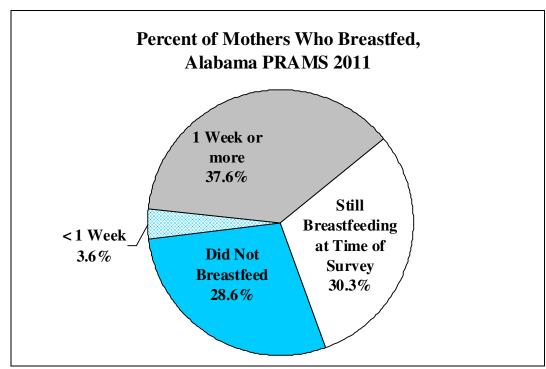
WIC, the Special Supplemental Nutrition Program for Women, Infants, and Children, is one of the nation's most successful nutrition programs, providing proper nutrition to pregnant women, breastfeeding women, women who had a baby within the last six months, infants, and children under the age of five, and who meet eligibility guidelines. In 2011, 60.4 percent of Alabama mothers received WIC benefits.

95% Confidence Intervals										
Year	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Percent	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	55.8-61.5	57.0-62.5	58.1-62.7

Mothers' Health Care System Issues Comments

- "Good doctors are key to a happy and healthy pregnancy."
- "I was really saddened by the fact that free health classes were not offered by my hospital."
- "We think babies should be tested before they leave the hospital for Group B Strep if mom tested positive because it can be fatal."
- "The nurses and doctors made me feel like I was at home. I love you Alabama. Keep up the good work."
- "My employer doesn't offer insurance and I could not afford it...My pregnancy was high risk and I ended up having
 an emergency C-section due to high blood pressure. It was scary and stressful. All the support I received provided
 by Medicaid was outstanding."
- "I think my pregnancy was a specific case of preterm labor with no specific cause. I like to thank you for your efforts to help all mothers receive appropriate preterm and postpartum care."
- "There should be more financial assistance in assisting women getting their tubes tied."
- "Make sure parents know about SIDS."
- "My doctor gave me a booklet filled with a lot of this information, but it was not discussed."
- "Thanks to all my doctors I had throughout my pregnancy everything went as smoothly as I could have ever hoped for."
- "I would like there to be a more concerted effort to provide women with personal help with nutrition, fitness, body image and breastfeeding. Some areas and hospitals provide great resources and assistance in these topics/issues. Too many, however, are lacking."
- "I had to have my preterm labor stopped medically. I had an extremely difficult pregnancy."
- "I had kidney stones while I was pregnant...I couldn't get an appetite up. I got dehydrated from not eating or drinking much."
- "My baby came early due to problems with my placenta and preeclampsia symptoms."
- "I stayed extremely sick during my pregnancy."
- "I love how the healthcare field is now addressing breastfeeding more than ever. It is so important and much more healthy for babies."
- "I think people being informed about breastfeeding helps a lot. The hospital I had my first three children at pretty
 much left me to figure it out alone...I love breastfeeding and wish I had received information and care with
 previous births."
- "Nurses should not bottle-feed when you are breastfeeding."
- "...My delivering hospital failed at helping me breastfeed. I went home confused and frustrated. I know for the next time I will have to encourage myself. The RNs didn't care to take the time to help while in the hospital or after on phone calls."

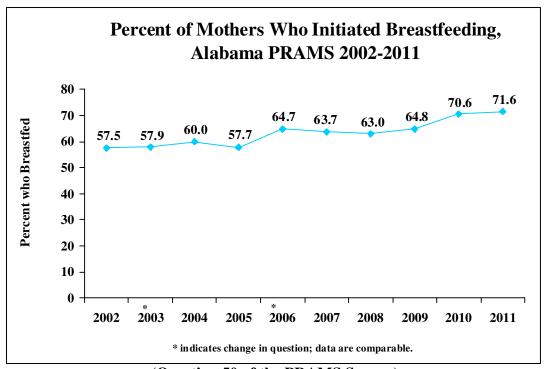
BREASTFEEDING



(Questions 50, 52, and 53 of the PRAMS Survey)

Numerous benefits are associated with breastfeeding, not only for the infant but for the mother as well. In Alabama in 2011, 28.6 percent of mothers did not attempt to breastfeed their babies. Only 30.3 percent Alabama mothers were still breastfeeding their infants at the time of the survey, two to four months after delivery.

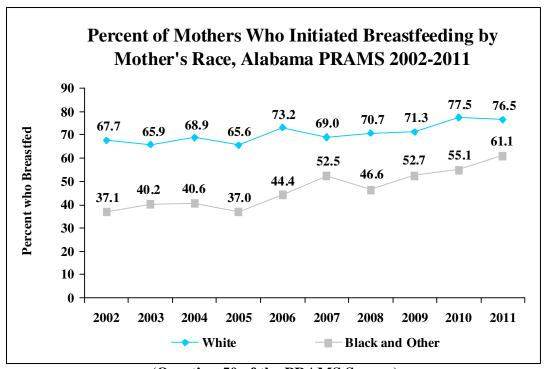
95% Confidence Intervals							
Time Breastfed	Did Not Breastfeed	<1 week	1 week or more	Still Breastfeeding			
Percent	25.6-31.7	2.5-5.1	34.3-41.0	27.4-33.3			



(Question 50 of the PRAMS Survey)

From 2002-2011, the percentage of Alabama mothers who initiated breastfeeding increased six out of the ten years. The Healthy People 2020 objective is to increase the percentage of mother who initiate breastfeeding to 81.9 percent. In 2011, 71.6 percent of mothers reported they initiated breastfeeding; however, from 2006-2011, the changes have not been statistically significant. Comparing 2002 and 2011 data, there has been a statistically significant increase of 24.5 percent in mothers who initiated breastfeeding.

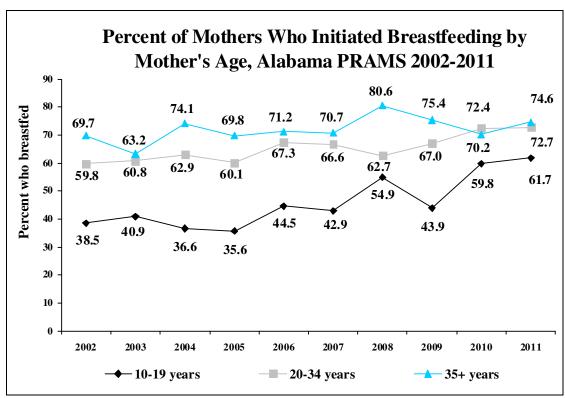
	95% Confidence Intervals									
Year 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011								2011		
% Breastfeeding	54.5-60.5	54.7-61.1	56.5-63.4	54.2-61.1	61.3-67.9	60.3-67.0	59.4-66.4	61.2-68.3	67.1-73.9	68.4-74.5



(Question 50 of the PRAMS Survey)

From 2002 to 2011, there has been a statistically significant increase in breastfeeding in both racial groups. The prevalence of breastfeeding has been consistently higher among white women than among black and other race women. The percentage of black and other race moms who breastfeed increased 10.9 percent from 2010 to 2011. The percentage of white moms who breastfeed decreased 1.3 percent from 2010 to 2011.

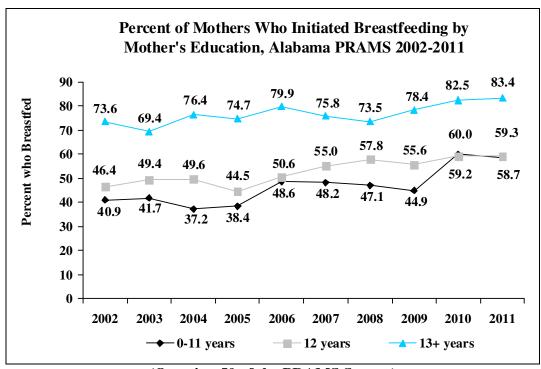
	95% Confidence Intervals										
Year/ Race	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
White	64.1-71.2	62.0-69.6	64.8-72.8	61.5-69.4	69.3-76.8	64.9-72.8	66.6-74.4	67.2-75.1	73.6-80.9	72.9-79.7	
Black and Other	31.7-42.4	34.5-46.1	34.3-47.2	30.7-43.9	38.1-51.0	46.1-58.9	39.7-53.6	45.9-59.4	48.0-61.9	54.6-67.2	



(Question 50 of the PRAMS Survey)

During the period from 2002 through 2011, 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 while teenage mothers have the lowest percentage. However, the percentage of teenage mothers who initiated breastfeeding increased 3.2 percent from 2010 to 2011.

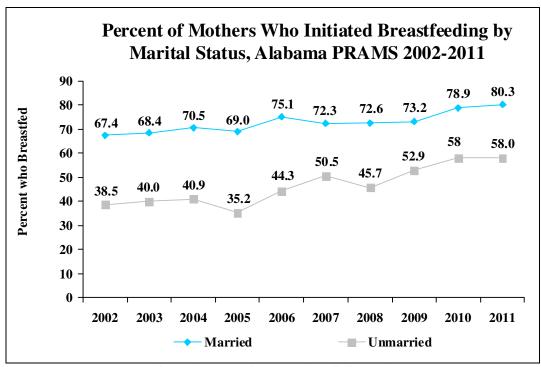
	95% Confidence Intervals										
Year/ Age	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
10-19	30.9-46.1	32.6-49.7	28.1-45.9	27.0-45.2	35.0-54.4	32.8-53.7	44.4-64.9	33.4-55.0	49.2-69.6	51.3-71.2	
20-34	56.2-63.3	57.0-64.4	58.8-66.8	56.1-64.0	63.4-70.9	62.7-70.2	58.7-66.6	62.9-70.8	68.5-76.0	69.0-76.0	
35+	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	63.9-84.1	58.0-80.0	65.2-82.2	



(Question 50 of the PRAMS Survey)

In Alabama, breastfeeding prevalence is highest among women with 13 or more years of education. Comparing percentages from 2002 to percentages in 2011, there is a statistically significant increase in all three educational groups.

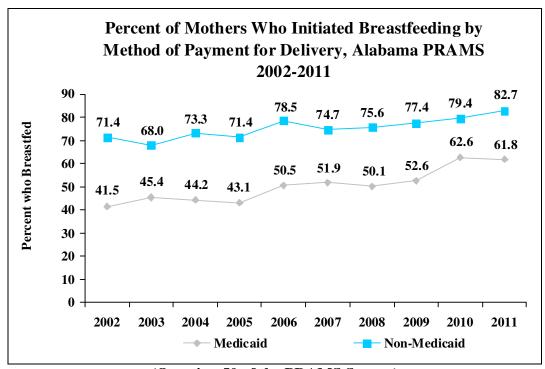
	95% Confidence Intervals												
Year/ Edu.	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011			
0-11 yrs.	34.4-47.5	34.4-49.4	29.6-45.6	30.8-46.6	40.7-56.5	39.4-57.2	38.5-55.8	36.3-53.9	51.2-68.1	50.2-66.7			
12 yrs.	40.7-52.0	43.4-55.5	43.0-56.2	38.2-50.9	43.7-57.4	48.3-61.5	50.9-64.4	48.7-62.2	52.5-65.6	52.8-65.5			
13+ yrs.	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	73.8-82.4	78.1-86.2	79.7-86.6			



(Question 50 of the PRAMS Survey)

Comparing 2002 levels to 2011 levels, there have been statistically significant increases in breastfeeding initiation in both married 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.

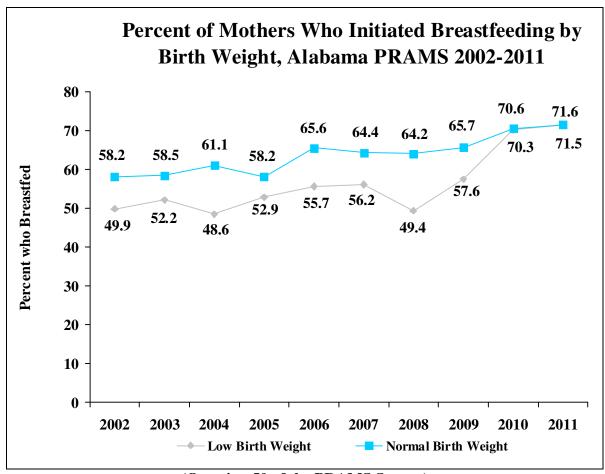
	95% Confidence Intervals										
Year/ Married Status	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Married	63.7-71.2	64.5-72.0	66.2-74.4	64.8-73.0	71.1-78.6	68.4-75.9	68.4-76.5	68.9-77.2	74.8-82.5	76.7-83.5	
Unmarried	33.4-43.6	34.5-45.7	34.9-47.2	29.5-41.4	38.2-50.6	44.3-56.6	39.4-52.2	46.7-59.1	51.9-63.9	52.2-63.6	



(Question 50 of the PRAMS Survey)

From 2002 through 2011 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 2002 to 2011, both the Medicaid and Non-Medicaid groups have significantly increased in the percentage of women who initiated breastfeeding their infants.

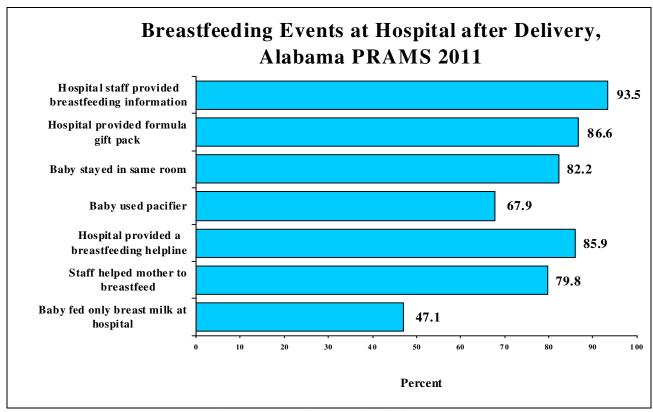
	95% Confidence Intervals											
Year/ Payment	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011		
Medicaid	37.1-45.8	40.8-50.2	39.2-49.3	38.1-48.2	45.5-55.5	46.7-57.1	44.6-55.5	47.2-57.9	57.4-67.5	56.9-66.5		
Non- Medicaid	67.2-75.5	63.5-72.2	68.4-77.7	66.5-75.9	73.9-82.5	70.3-78.7	70.9-79.7	72.6-81.6	74.6-83.5	78.8-86.0		



(Question 50 of the PRAMS Survey)

Of babies born in 2011 at a normal birth weight, 71.6 percent were breastfed. Of low birth weight babies, (weighing less than 2,500 grams), 71.5 percent were breastfed. Comparing 2002 percentages with 2011 percentages, there have been statistically significant increases in breastfeeding for both the normal birth weight and low birth weight groups.

	95% Confidence Intervals											
Year/ BW	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011		
LBW	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	45.6-68.8	57.4-80.6	59.9-80.8		
NBW	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	61.9-69.3	67.0-74.0	68.3-74.7		



(Question 55 of the PRAMS Survey)

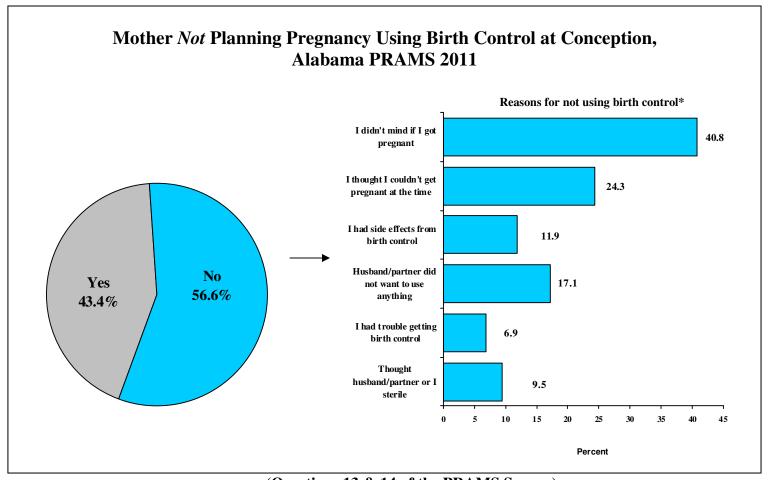
In 2011, 79.8 percent of mothers reported they received direct help from hospital staff in learning how to breastfeed their babies and 93.5 percent reported that the hospital provided them information on breastfeeding. Only 47.1 percent reported that their infants received breast milk exclusively while in the hospital, and 86.6 percent were given a formula gift pack to take home upon discharge.

	95% Confidence Intervals										
Events Given gift pack Breastfeeding information Baby in room pacifier Breastfeeding helpline Breastfeeding helpline Fed only breast milk in hospital											
Percent	83.7-89.1	91.1-95.2	78.9-85.1	64.1-71.5	82.8-88.5	76.3-82.8	43.1-51.0				

Mothers' Breastfeeding Comments

- "I feel if it was not so easy to get free formula and food from WIC then more mothers would breastfeed or try harder to do so. Also, too much free formula is given in the hospital and then after the hospital stay, they run to the WIC office. Therefore, new moms have no incentive to continue or even begin breastfeeding."
- "Make sure you breastfeed your baby because it is the best gift you will ever give to your baby."
- "I had to have surgery and was in the hospital for two days and could not use the breast milk for a few days afterward due to the medicines I was prescribed. My supply got low and I could not produce enough for my son anymore."
- "Baby would not take breast milk."
- "I didn't want my baby to get confused between the two. I know that I would be going back to work so I
 didn't want him to like breast milk and not take on to formula."
- "I think women give up too quickly on breastfeeding and their babies would be healthier if they had a good reason to stick with it. Since breastfeeding is free and very healthy it should be an easy choice."
- "Doctor thought she was not gaining enough and put me on a every third feeding with a bottle of formula. She developed flow preference and stopped wanting to latch on. Pump did not work well enough for me and I dried up. I wish it wouldn't have happened."
- "I chose to stop [breastfeeding] so I could start medication for postpartum depression."
- "We were told baby would gain weight better on formula due to her being in NICU."
- "My blood pressure dropped and the doctor decided I just needed to just bottle-feed."
- "Baby wasn't getting any milk. I pumped for two hours and got nothing."
- "I had not breastfed my other two children so I decided not to breastfeed my new baby."
- "I have lupus...that was the reason I did not breastfeed but I was pleased with the care I received from my personal doctor."
- "Formula is only given to my baby for feeding three times a week when I am at my part-time job. Other than that, she breastfeeds on demand."
- "I am an advocate for breastfeeding, but due to my child having a protein intolerance, doctors advised me against breastfeeding."
- "Breastfeeding is the best. I have been at it since day one. My little one is now 22 weeks and we are still going strong."
- "Every mother should be encouraged to attempt to breastfeed her baby, if possible."

CONTRACEPTION



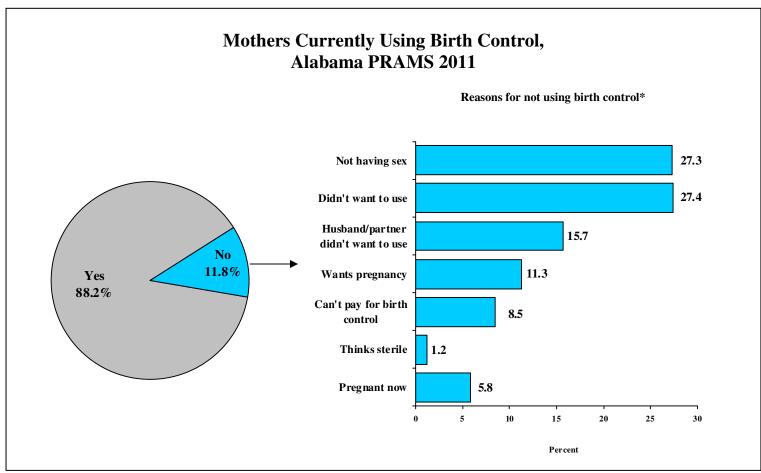
(Questions 13 & 14 of the PRAMS Survey)

In 2011, 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 2020 objective is to increase the proportion of females at risk of unintended pregnancy who use contraception to 91.6 percent.

Not minding a pregnancy was the main reason for not using birth control. Over one in five mothers stated they did not realize they were at risk for a pregnancy; therefore, they used no contraception.

	95% Confidence Intervals										
Birth Control	Yes	No	Didn't mind	Thought I couldn't	Husb/partner didn't want to use anything	Side effects	Trouble getting birth control	Thought sterile			
Percent	39.0-47.9	52.1-61.0	35.1-46.7	19.6-30.0	13.1-22.1	8.5-16.3	4.4-10.7	6.5-13.7			

^{*} Items are not mutually exclusive.

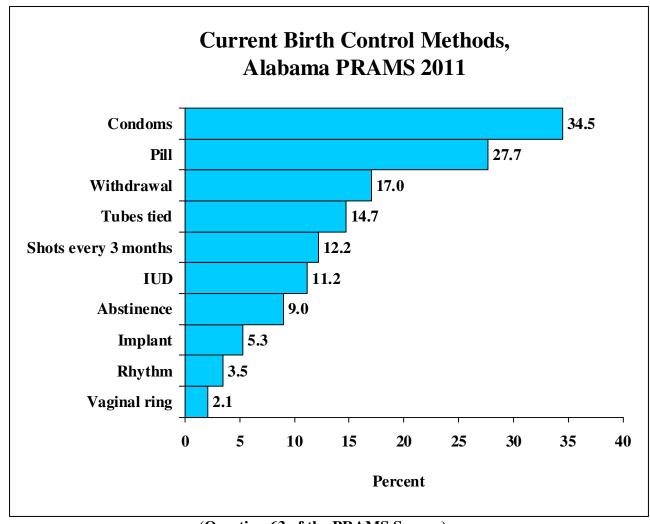


(Questions 61 & 62 of the PRAMS Survey) *Items are not mutually exclusive.

The correct usage of contraception is invaluable in preventing unintended pregnancies. Almost 90 percent of Alabama mothers in 2011 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, 27.3 percent reported they were not having sex, 27.4 percent of the women said they did not want to use anything, 11.3 percent want to get pregnant, and 15.7 percent reported their spouse or partner did not want to use any contraception. 5.8 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 preg										
Percent	85.8-90.2	9.8-14.2	19.8-36.6	19.7-36.5	6.6-18.7					

95% Confidence Intervals								
Birth Control	Husband/partner didn't want to use	Pregnant now	Can't pay for birth control	Thinks sterile				
Percent	9.7-24.4	2.5-13.1	4.4-15.6	0.2-7.9				



(Question 63 of the PRAMS Survey)

In 2011, 34.5 percent of women reported condom usage as the preferred method of contraception. 27.7 percent reported they were taking the pill. 17.0 percent of women reported withdrawal as their birth control method.

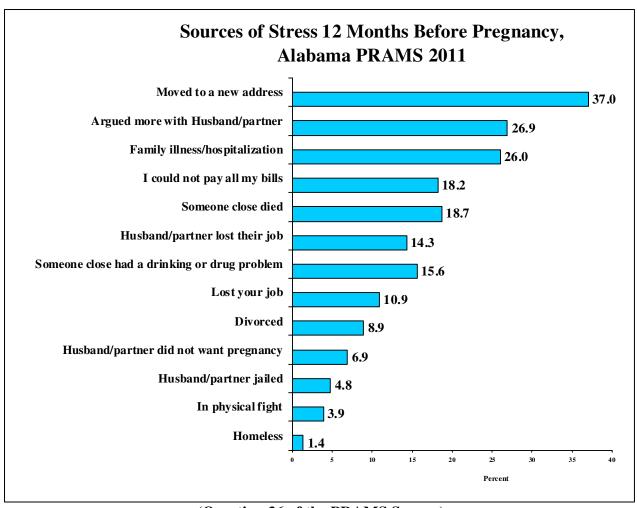
95% Confidence Intervals								
Method of Birth Control	Condoms	Pill	Tubes tied					
Percent	31.1-38.0	24.7-31.0	12.3-17.4					

95% Confidence Intervals									
Method of Birth Control	Withdrawal	Shots every 3 mos.	Abstinence						
Percent	14.5-19.8	10.0-14.8	7.1-11.3						

Mothers' Birth Control Comments

- "Birth control, pills and patches make me feel bad."
- "I had a full time job and was not taking the pill regularly."
- "Used the pull out method, now I'm glad I got pregnant because I wouldn't trade my daughter for the world."
- "I have been trying to get on birth control since I had the baby, but I am having insurance issues."
- "I quit taking the pill because I couldn't regulate my period and I stopped taking birth control all together."

MISCELLANEOUS

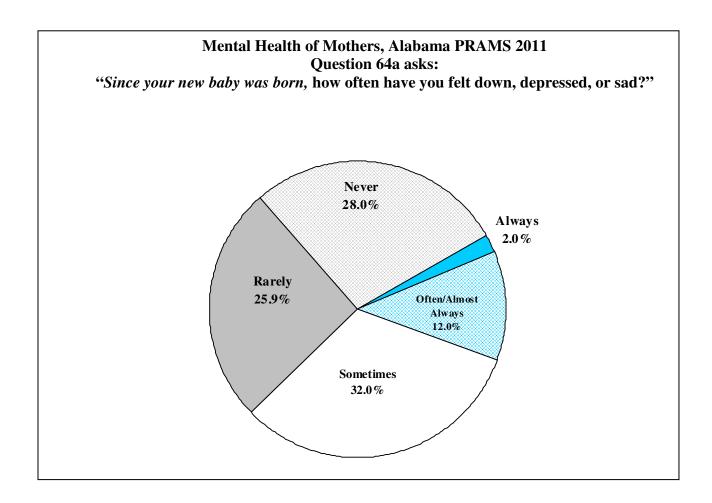


(Question 36 of the PRAMS Survey)

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, 37.0 percent of Alabama mothers reported they had moved to a new address, 26.9 percent reported they argued more with their husband/partner, 26.0 percent had a family illness or hospitalization, and 18.2 percent reported they were unable to pay all of their bills. About one in five mothers suffered the loss of someone close to them.

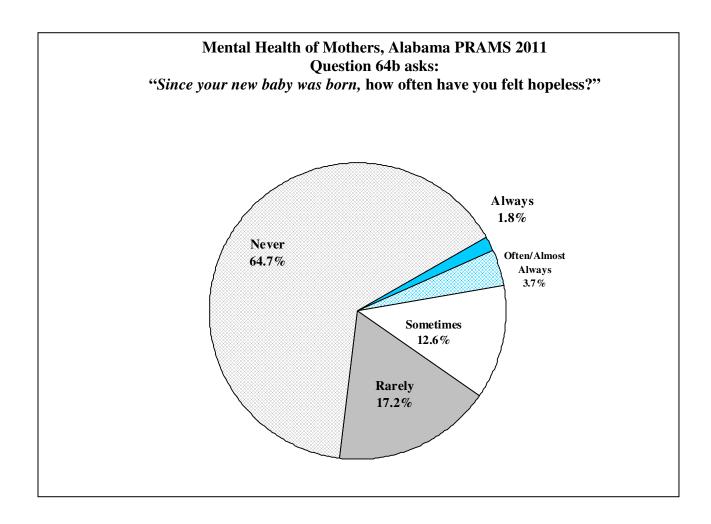
	95% Confidence Intervals										
Source of Stress	Moved	Argued more with Husband/partner	•	Couldn't pay bill	Someone close died	Someone close with a drug/alcohol problem					
Percent	33.8-40.3	24.0-30.1	23.1-29.1	15.8-21.0	16.1-21.6	13.3-18.3					

	95% Confidence Intervals										
Source of Stress	Divorced	Lost job	Husband/partner lost their job	Husb/partner did not want preg.	In physical fight	Husb/partner jailed	Homeless				
Percent	7.1-11.1	8.9-13.2	12.1-16.9	5.3-8.9	2.8-5.6	3.5-6.6	0.8-2.5				



In 2011, 14.0 percent of Alabama mothers reported they always or almost always felt down, depressed, or hopeless since the birth of their baby. About 57.9 percent reported feeling this way sometimes and on rare occasions.

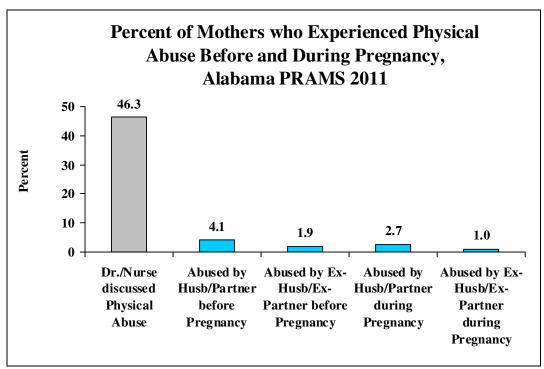
95% Confidence Intervals					
Depression	Never	Always	Often/Almost Always	Sometimes	Rarely
Percent	25.0-31.2	1.3-3.3	10.0-14.5	28.9-35.3	23.1-28.9



In 2011, When Alabama mothers were asked how often they felt hopeless, 5.5 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 symptoms. In 2011 in Alabama, 9.2 percent of mothers reported their doctor or other health care worker had diagnosed them with depression during pregnancy.

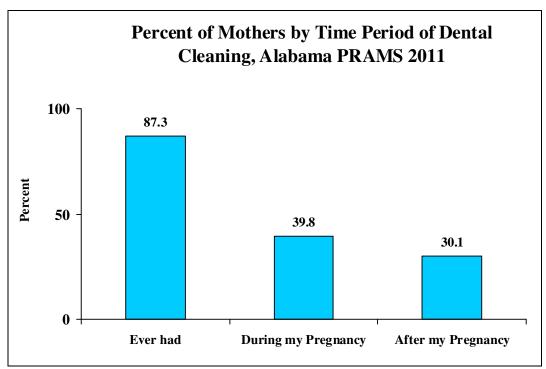
95% Confidence Intervals					
Depression	Never	Always	Often/Almost Always	Sometimes	Rarely
Percent	61.4-68.0	1.1-3.0	2.6-5.3	10.4-15.1	14.7-19.9



(Questions 20, 37, 38, 39 & 40 of the PRAMS Survey)

In 2011, 4.1 percent of Alabama mothers reported physical abuse by their *current* husband/partner and 1.9 percent mothers reported abuse by a *former* husband/partner twelve months before becoming pregnant. The abuse decreased **during pregnancy** by 34.1 percent by *current* spouse/partner and 47.4 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 <u>During</u> pregnancy	Abused by Former Husb/partner <u>During</u> pregnancy
Percent	43.1-49.6	2.9-5.7	1.2-3.2	1.8-4.1	0.5-2.0

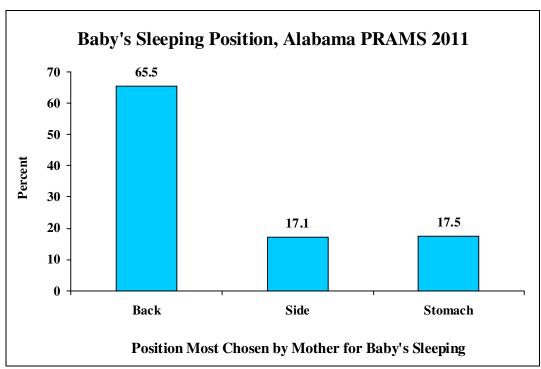


(Question 67 & 68 of the PRAMS Survey)

Periodontal disease is a serious dental infection caused by bacteria. This disease can destroy bone and other structures that support the teeth. Pregnant women who have periodontal disease 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 2011 when Alabama mothers were asked, "When did you have your teeth cleaned by a dentist or dental hygienist?" 87.3 percent reported having had their teeth cleaned, 39.8 percent had their teeth cleaned *during* their pregnancy, and 30.1 percent reported a cleaning *after* their most recent pregnancy. Nearly 12.7 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 checkup and cleaning.

95 % Confidence Intervals				
When cleaning was performed:	Before Pregnancy	During Pregnancy	After Pregnancy	
Percent	84.8-89.4	36.5-43.1	26.9-33.5	



(Question 57 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 2020 objective is to increase the percentage of healthy full-term infants who are placed on their backs for sleeping to 75.9 percent. Alabama, at 65.5 percent, was below this objective. In 2011 in Alabama, 34.6 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	62.0-68.8	14.5-20.0	14.9-20.4	

Mothers' Miscellaneous Comments

- "I think stress is a huge part of why so many mothers don't do well during pregnancy and [this] causes health problems in the baby...My problem was stress brought on by my expartner who decided it was a good idea to abuse me physically, emotionally and financially. Once I got out of that relationship, all of my health problems disappeared and I was able to guit taking meds for depression that I was on before I got pregnant."
- "Emotional strain during my two months after baby was born was due to serious family illness."
- "I had postpartum depression with my first child...and wanted to start back taking antidepressants to prevent postpartum depression."
- "Make sure you do not stress yourself out."
- "I believe that my stress level at my past employer had a lot to do with the "rough" pregnancy that I had."
- "I felt no depression after baby was born, also had more energy."
- "I am a licensed dental hygienist...The health of the mother's teeth and gums directly correlates with the health of their baby. I think more emphasis needs to be put on dental health while women are pregnant and thereafter."
- "I was treated in the hospital for postpartum depression...I was treated violently by my husband at times. We were in a fight the night before the baby was born."

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 six 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. The phase 6 survey was implemented in 2009. 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 2011, 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

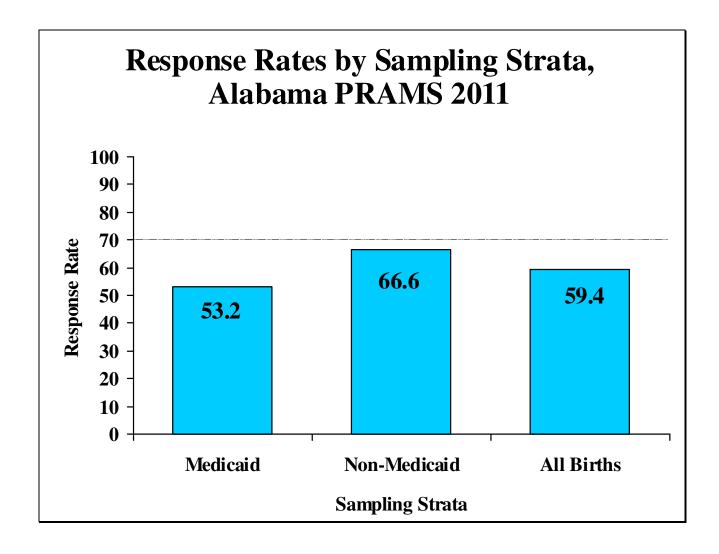
Each month approximately 115 women who have given birth two to four months before the sampling date are selected for the sample. The survey is divided into two strata: Medicaid and non-Medicaid normal birth weight. Women in each of these strata have a different probability of being chosen. Samples are selected so that roughly equal numbers of women are chosen from each strata. The odds of being selected in 2011 were approximately as follows:

Medicaid 1:38 Non-Medicaid 1:39

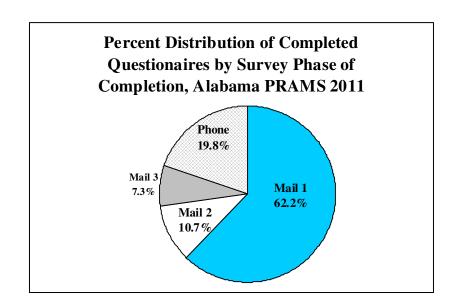
Selection probabilities are adjusted annually to take into account the changes in the distribution of births over time and the response rates of mothers in each strata. The goal is to obtain at least 400 completed questionnaires from each strata.

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

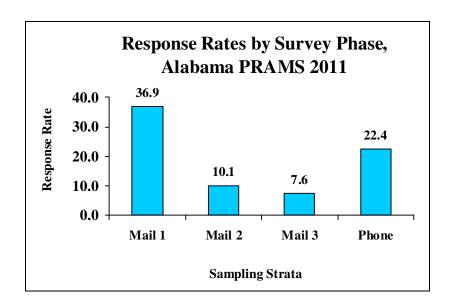
Response Rates



As a rule of thumb, CDC requires at least 400 completed questionnaires and a response rate of 65 percent in each stratum. In 2011, the response rates for the Medicaid strata was <u>below</u> 65 percent, with the higher rate of 66.6 percent among non-Medicaid births and the lower rate of 53.2 percent for Medicaid births. The overall response rate for the two strata was 59.4 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 2011.



The majority of completed surveys, 62.2 percent, were received as a result of the initial mailing or mail 1. The mail 2 accounted for 10.7 percent of completed questionnaires, and mail 3 accounted for 7.3 percent. Of the total number of completed surveys, 19.8 percent resulted from the phone phase.



The response rate is the percent of surveys sent which are completed. Of all women who received the first mailing, 46.9 percent responded. The second mailing had a 10.1 percent response rate. The response rate for the third mailing was 7.6 percent in 2011, and the response rate for the phone phase was 22.4 percent. One source of bias in the survey is the possibility that mothers may answer some of the questions differently depending upon whether they respond by mail or telephone.

PRAMS

SURVEY

QUESTIONS

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.

		No	Ye
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		
0	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		
		paid for (not from a Medicaid TRICARE or other All Kids	usband, partner, or at you or someone else		
		I did not have any l I got pregnant	nealth insurance before		
3.	witl wee	ring the <i>month befo</i> n your new baby, h k did you take a m natal vitamin, or a	ultivitamin, a		
		I didn't take a mult vitamin, or folic ac 1 to 3 times a week 4 to 6 times a week Every day of the w	id vitamin at all		
4.		t before you got pro y, how much did y	egnant with your new ou 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 not the	12. When you got pregnant with your new baby, were you trying to get pregnant?
	same as gestational diabetes or diabetes that starts during pregnancy.	☐ No ☐ Yes → Go to Question 15
8.	□ No □ Yes Before you got pregnant with your new baby, did you ever have any other babies who were born alive?	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
y 9.	□ No → Go to Question 11 □ Yes Did the baby born just before your new	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.)
	one weigh <i>more</i> than 5 pounds, 8 ounces (2.5 kilos) at birth?	☐ No ☐ Yes
	□ No □ Yes	Go to Question 14
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	

14.	What were your reasons or your husband's or partner's reasons for not doing anything to keep from getting pregnant?	DURING PREGNANCY		
	Check <u>all</u> that apply	The next questions are about the prenatal care you received during your most recent		
		The next questions are about the prenatal care you received during your most recent pregnancy. Prenatal care includes visits to a doctor, nurse, or other health care worker before your baby was born to get checkups and advice about pregnancy. (It may help to look at the calendar when you answer these questions.) 15. How many weeks or months pregnant were you when you were sure you were pregnant? (For example, you had a pregnancy test or a doctor or nurse said you were pregnant.) Weeks OR Months I don't remember 16. How many weeks or months pregnant were you when you had your first visit for prenatal care? Do not count a visit that was only for a pregnancy test or only for WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children). Weeks OR Months I didn't go for prenatal care Go to Page 4, Question 18 Go to Page 4, Question 17		

	Did you get prenatal care as early in y oregnancy as you wanted?	our			ny of these health ou pay for your	h insurance plans prenatal care?
- [l No					Check <u>all</u> that apply
☐ Y€	es — Go to Question	on 19		п	laalth incuranca fr	rom your ich
getting prei wanted? For was a reason when you w	these things keep you from natal care at all or as early a or each item, circle T (True) in that you didn't get prenatal ranted or circle F (False) if it for you or if something does it.	if it care was		pa H pa M T A	arents fealth insurance th aid for (not from a fedicaid RICARE or other Ill Kids	nusband, partner, or nat you or someone else a job) military health care
-11-7				О	ther source(s) —	➤ Please tell us:
		False				
	n't get an appointment wanted one	F	_	_		
	have enough money or					th insurance to help
	to pay for my visits T	F		p	ay for my prenata	i care
	transportation to get to or doctor's office T	F				
	my health plan	1				
would not start ca	re as early					
	T	F				
I had too many of going on	T	F				
I couldn't take	time off from work					
		F				
	t have my Medicaid card To one to take care of my	F				
	enT	F				
	know that I was pregnant T	F				
	want anyone else to know					
	gnantT	F				
I didn't want	prenatal care T	F				
You did not go for the state of	or prenatal care, go to					

20.	During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? Please count only discussions, not		At any time during your most recent pregnancy or delivery, did you have a test for HIV (the virus that causes AIDS)? No
	reading materials or videos. For each item circle \mathbf{Y} (Yes) if someone talked with you about it or circle \mathbf{N} (No) if no one talked we you about it.		☐ Yes☐ I don't know
a.	How smoking during pregnancy could affect my babyN	Yes 22.	Have you ever heard or read that taking a vitamin with folic acid can help prevent some birth defects?
b. c. d.	Breastfeeding my baby N How drinking alcohol during pregnancy could affect my baby N Using a seat belt during my	Y Y	☐ No ☐ Yes
e.	pregnancy	Y 23.	During your most recent pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?
g. h.	affect my baby	Y Y	□ No — ► Go to Question 25 □ Yes
i.	labor (labor more than 3 weeks before the baby is due)	Y Y	When you went for WIC visits during your most recent pregnancy, did you receive information on breastfeeding?
j. k.	Getting tested for HIV (the virus that causes AIDS)	Y	☐ No ☐ Yes
1.	is born	Y 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

d e	Did you have any of the following probl Juring your most recent pregnancy? Fo ach 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. V b. K iii c. S d d. C ((e. H coor) f. F a g. L b b coor f. V b f. Iii I I I	No Vaginal bleeding	Yes Y Y Y Y Y Y Y Y Y	☐ 1 time ☐ 2 times ☐ 3 times ☐ 4 or more times The next questions are about smoking cigarettes around the time of pregnancy (before, during, and after). 28. Have you smoked any cigarettes in the past 2 years? ☐ No — Go to Question 32 ☐ Yes 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 ☐ 11 to 20 cigarettes ☐ 6 to 10 cigarettes ☐ 6 to 10 cigarettes
	ou did <i>not</i> have any of the problems lis ve, go to Question 28.	ted	☐ 1 to 5 cigarettes ☐ Less than 1 cigarette ☐ I didn't smoke then
1	Did a doctor, nurse, or other health car 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
	Did you go to the hospital or emergenc room because of any of the problem(s) listed above?		 6 to 10 cigarettes 1 to 5 cigarettes Less than 1 cigarette
Go 1	No — Go to Question Yes to Question 27c	28	☐ I 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> ?	34b. During the 3 months before you got pregnant, how many times did you drink 4 alcoholic drinks or more in one sitting?			
	Check <u>one</u> answer	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			
	e next questions are about drinking ohol around the time of pregnancy	35a. During the <u>last 3</u> months of your pregnancy, how many alcoholic drinks did you have in an average week?			
	fore, during, and after).	14 drinks or more a week			
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	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			
G	o to Question 34a	35b. During the <u>last 3 months</u> 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> a <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 happened during the 12 months before ynew baby was born. For each item, circle Y (Yes) if it happened to you or circle N (our e	No Yes
	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
		Yes	other way?
a.	A close family member was very sick and had to go into the hospital N	Y	□ No
b.	I got separated or divorced from my		☐ Yes
c.	husband or partner N I moved to a new address N	Y Y	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 other way?
f.	I lost my job even though I wanted to go on working	Y	
g.	I argued with my husband or partner	•	☐ No ☐ Yes
1.	more than usual	Y	
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 N	Y	calendar when you answer these questions.)
k.	My husband or partner or I went to jail	Y	44 3371 1 1 1 0
1.	Someone very close to me had a	•	41. When was your baby due?
	problem with drinking or drugs N	Y	/ / 20
m.	Someone very close to me died N	Y	Month Day Year
37.	During the 12 months before you got		
	pregnant with your new baby, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other		42. When did you go into the hospital to have your baby?
	way?	er	/ / 20
	☐ No		Month Day Year
	☐ Yes		☐ I didn't have my baby in a hospital
			a r didn't have my baby m a nospital

38. During the 12 months before you got pregnant with your new baby, did an

43.	Wh	nen was your baby born?		AFTER PREGNANCY
	Mo	$\frac{1}{1}$ / $\frac{1}{1}$ Day / $\frac{20}{1}$ Year		ew baby was born.
44.		en were you discharged from the spital after your baby was born?		er your baby was born, was he or she in an intensive care unit?
		nth Day Year I didn't have my baby in a hospital		No Yes I don't know
45.	Did	l any of these health insurance plans help		er your baby was born, how long did he he stay in the hospital?
		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)
	0 0000	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:	48. Is y	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 our baby alive now? No ——— Go to Page 12, Question 61
			Yes Yes	Yes
		I did not have health insurance to help	49. Is y	our baby living with you now?
		pay for my delivery	<u> </u>	No Go to Page 12, Question 61 Page 10, Question 50

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?			
V	☐ 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 <u>all</u> that apply		What were your reasons for stopping reastfeeding? Check all that apply		
52.	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		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 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)		

If your baby was not born in a hospital,	go	to
Question 56a.		

55.	This question asks about things that may have happened at the hospital where your new baby was born. For each item, circle Y (Yes) if it happened or circle N (No) if it did not happen.					
	**	т.	X 7			
0	Hospital staff gave me	No	Yes			
a.	information about breastfeeding	N	Y			
b.	My baby stayed in the	. 1	•			
	same room with me at the hospital	N	Y			
c.	I breastfed my baby in the hospital		Y			
d.	I breastfed in the first hour after					
	my baby was born	N	Y			
e.	Hospital staff helped me learn					
	how to breastfeed	N	Y			
f.	My baby was fed only					
	breast milk at the hospital	N	Y			
g.	Hospital staff told me to					
	breastfeed whenever my	N.T	37			
1.	baby wanted	IN	Y			
h.	The hospital gave me a	NT	Y			
i.	breast pump to use	IN	1			
1.	with formula	N	Y			
j.	The hospital gave me a	1 4	1			
J.	telephone number to call for					
	help with breastfeeding	N	Y			
k.	My baby used a pacifier		-			
	in the hospital	N	Y			
56a	. How old was your new baby the firs	t tir	ne			
	he or she drank liquids other than b					
	milk (such as formula, water, juice,	tea,	or			
	cow's milk)?					
	Weeks OR Months					
	My baby was less than 1 week old					
	My baby has not had any liquids of than breast milk	othe	r			

56b.	b. How old was your new baby the first time he or she ate food (such as baby cereal, baby food, or any other food)?						
			Weeks	OR		Months	
						an 1 week en any food	
	•		aby is s Questio		he h	ospital, go	to
			ch one		sleep		
					(Check <u>one</u>	answer
		Oı	n his or n his or n his or	her bac	ck	1	
	or o	th	er healt	h care	wor	by a doct ker for a a was born?	
		No Ye					
	che heal	c k ı th	ıp? (A	well-b	aby c	a well-bak heckup is usually at	a regular
↓		No Ye	es	Go t	o Pag	ge 12, Que	estion 61
Go	to I	Pag	ge 12, Q	uestio	n 60		

60.	How many times has your new baby been to a doctor or nurse for a well-baby checkup?	63. What kind of birth control are you or your husband or partner using <i>now</i> to keep from					
	(It may help to use the calendar.)	ge	tting pregnant?	Check <u>all</u> that apply			
	Times			d (female sterilization)			
1 62.	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? Check all that apply 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.		Pill Condoms Injection once ever (Depo-Provera®) Contraceptive imp Contraceptive patc Diaphragm, cervic Vaginal ring (Nuva IUD (including Mi Rhythm method or planning Withdrawal (pullin Not having sex (ab Emergency contrac (The "morning-after	ry 3 months lant (Implanon®) h (OrthoEvra®) al cap, or sponge aRing®) rena®) r natural family ag out) stinence) ception			

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.			
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	66. About how many hours a day, on average, is your new baby in the same room or vehicle with someone who is smoking?			
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 dayMy baby is never in the same room or vehicle with someone who is smoking			
b. I felt hopeless	67. Have you ever had your teeth cleaned by a dentist or dental hygienist?			
c. I felt slowed down	☐ No — Go to Page 14, Question 69 ☐ Yes			
65. At any time during your most recent pregnancy, did a doctor, nurse, or other health care worker tell you that you had depression?	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			
pregnancy, did a doctor, nurse, or other health care worker <i>tell you that you had</i>	circle N (No) if you did not have your teeth cleaned then.			

14

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

				our income, your husband's or par			
69.	During the 12 months was born, what were thousehold's income?	he sources of your	income, and any other income you may have received. (All information will be kept priva and will not affect any services you are now getting.)				
	or rental income Paycheck or money Food stamps or Wi Supplemental Nutri	r from a job C (the Special tion Program for		\$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			
	Women, Infants, an Aid such as Tempor Needy Families (Ta assistance, general	orary Assistance for (ANF), welfare, public assistance, or urity Income (SSI) nefits (imony orders) compensation	wa	uring the 12 months before your as born, how many people, inclu- ourself, depended on this income	uding		
	Supplemental Secu Unemployment ber Child support or ali			People			
	J /	enefits, or pensions	72. W	hat is today's date?			
		-	M	Jonth Day Year			

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

household income before taxes? Include