PRAMS Surveillance Report
Alabama 2009

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PRAMS SURVEILLANCE REPORT
ALABAMA 2009

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INTRODUCTION AND METHODS

INTRODUCTION

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

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

METHODS

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

Beginning with the 2000 PRAMS survey, a Spanish language survey is sent along with an English language survey to mothers who are listed as ‘Hispanic’ on the birth certificate. Currently, Alabama has Spanish speaking interviewers.
The sample is selected through a complex, stratified sampling design. Mothers of low birth weight infants and those whose deliveries are paid by Medicaid are over sampled. Roughly equal numbers of mothers are selected from each of four sample strata: Medicaid low birth weight, Medicaid normal birth weight, non-Medicaid low birth weight, and non-Medicaid normal birth weight.

The figures given in this publication are weighted to represent the 59,344 live births which occurred in Alabama in 2009 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 2009, 709 questionnaires were completed from 1,231 sampled. The overall unweighted response rate was 57.6 percent, and the weighted response rate was 58 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 2009.

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.
2009 Alabama PRAMS Surveillance Report Highlights

- 53.5 percent of Alabama births were unintended.
- 58.7 percent of Alabama mothers did not take any multivitamins before becoming pregnant.
- 15.8 percent of Alabama mothers indicated they continued smoking during pregnancy.
- 13.2 percent of Alabama mothers reported drinking alcoholic beverages on a weekly basis during the last three months of pregnancy.
- 73.6 percent of Alabama mothers reported having a medical problem, such as nausea or vomiting, preterm labor, high blood pressure, kidney or bladder infections, vaginal bleeding, or diabetes during pregnancy.
- 58.7 percent of Alabama mothers participated in the Supplemental Food Program for Women, Infants, and Children (WIC) during pregnancy.
- 64.8 percent of Alabama mothers initiated breastfeeding their infants.
- 54.2 percent of Alabama women who did not plan to become pregnant reported using no birth control when they became pregnant.
- At the time of the survey (postpartum), 88.1 percent of mothers were using some form of birth control.
- 36.1 percent of Alabama mothers reported they moved to a new address during their pregnancy.
- 15.8 percent of Alabama mothers reported they always or almost always felt down, depressed, or hopeless since the birth of their baby. 56.8 percent reported feeling this way sometimes or on rare occasions.
- 6.6 percent of Alabama mothers reported being diagnosed by their doctor or health care worker with depression since the birth of their infant.
- 32.6 percent of Alabama mothers reported having a dental cleaning during their pregnancy.
- 62.2 percent of Alabama mothers most often lay their babies on their backs for sleeping.
Mothers’ General Comments

• “I feel very good that you chose me to fill out this package. I would also like to say to all the mothers/families out there that have lost a baby that you are not alone.”

• “This is a good program you have going. I wished you would have sent me this package a year ago. I lost my twin boys at 22 weeks. The reason is unknown.”

• “The health of mothers and babies in Alabama is good but things could be better. The health of me and my child is great and I really appreciate Alabama and its care for mothers’ and babies’ health.”

• “Thank you for letting me fill out the survey. I’m a mother that lost her baby seven hours after delivery. It is so hard not to think about it but that’s why you got family support. But I would like to know why it happens to some and not others.”

• “Thank you for sending this information to me. It really helped me think about a lot.”

• “I am glad to know there is a program like PRAMS. I lost my first pregnancy due to miscarriage, and while I know that happens more often than realized, it is still very difficult. I appreciate anything that is being done to help understand problems in pregnancies and why children are born with various issues.”

• “I think it’s great that someone is trying to help women and I wish someone would have helped me when I had a miscarriage with my first. I wasn’t very far along, only a few weeks, but it would have been nice.”
INTENDEDNESS OF BIRTHS
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 2009, 53.5 percent of Alabama mothers reported their pregnancies as unintended. There are 41.3 percent of Alabama women said they wanted to be pregnant later, and 12.2 percent said they did not want to be pregnant then or at any time in the future. On the other hand, 46.5 percent of Alabama mothers reported either wanting to be pregnant then (35.9 percent) or even sooner (10.6 percent). The Healthy People 2010 Objective is to increase the proportion of pregnancies that are intended to 70 percent. Alabama women are still far from meeting this goal.

<table>
<thead>
<tr>
<th>95 % Confidence Intervals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intention</strong></td>
</tr>
<tr>
<td>Percent</td>
</tr>
</tbody>
</table>
From 2008 to 2009, there was a 19.2% increase in unintended births in Alabama. The difference from 2008 to 2009 is statistically significant.
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 2008-2009, the percentage of unintended births to black and other women increased by 12.1 percent, and the percentage of unintended births increased by 22.2 percent from 2008-2009 among white women. The percent change in both populations is not statistically significant.
An inverse correlation exists between unintended births and maternal age, or as maternal age increases the percent of unintended births decreases. Teens, 10 to 19 years of age, have a higher percentage of unintended pregnancies than adult women. One possible explanation for this trend is that older women are more capable of controlling the timing and spacing of pregnancies than are teenagers. From 2007 through 2008, a decrease of 10.9 percent in the percentage of unintended pregnancies among Alabama’s teenagers was seen. From 2008 to 2009 there was a 5.1 percentage decrease. The highest percentage in eleven years of unintended pregnancies among adult women was reported in 2009. The increase in unintended in adults was statistically significant.

<table>
<thead>
<tr>
<th>Year</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teens</td>
<td>75.8-87.7</td>
<td>76.0-87.8</td>
<td>71.4-83.6</td>
<td>66.9-81.6</td>
<td>63.5-79.3</td>
<td>62.9-79.5</td>
<td>61.2-79.1</td>
<td>67.7-84.8</td>
<td>59.0-77.4</td>
<td>54.6-75.0</td>
</tr>
<tr>
<td>Adults</td>
<td>38.1-44.7</td>
<td>39.8-46.2</td>
<td>39.2-45.8</td>
<td>41.3-48.1</td>
<td>42.3-49.9</td>
<td>39.3-46.8</td>
<td>41.2-48.6</td>
<td>39.7-47.1</td>
<td>37.3-44.9</td>
<td>47.7-55.6</td>
</tr>
</tbody>
</table>
An inverse correlation exists between unintended births and a mother’s education, or as the amount of formal education increases, the percent of unintended births decreases. However in 2005, a 22.9% decrease in unintended pregnancies was reported among women with the lowest level of education, but from 2005-2009, there was a 19.0% increase among women with the lowest level of education. And a slight increase was seen among women with 12 years of education. There was a 35.8% increase in unintended births among women with the highest levels of education from 2008 to 2009. This change was statistically significant.

<table>
<thead>
<tr>
<th>Year/ Education</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-11 yrs.</td>
<td>60.5-73.2</td>
<td>63.0-74.0</td>
<td>56.4-68.7</td>
<td>59.9-73.0</td>
<td>58.2-73.6</td>
<td>43.2-58.8</td>
<td>48.0-63.8</td>
<td>47.6-64.9</td>
<td>48.4-65.3</td>
<td>52.0-69.0</td>
</tr>
<tr>
<td>12 yrs.</td>
<td>46.9-57.4</td>
<td>49.3-60.2</td>
<td>48.2-59.3</td>
<td>49.9-61.4</td>
<td>49.9-62.6</td>
<td>54.8-67.3</td>
<td>51.4-64.8</td>
<td>47.9-60.8</td>
<td>43.6-56.9</td>
<td>49.8-63.3</td>
</tr>
<tr>
<td>13+ yrs.</td>
<td>31.0-40.2</td>
<td>28.4-37.2</td>
<td>31.9-40.7</td>
<td>33.6-42.4</td>
<td>33.8-43.7</td>
<td>31.5-41.3</td>
<td>34.8-44.2</td>
<td>36.1-45.3</td>
<td>31.2-40.7</td>
<td>43.5-53.7</td>
</tr>
</tbody>
</table>
The percent of unintended births to unmarried women was 78.7 percent higher than that of married women. From 2008-2009, there was a 6.4 percent increase of unintended births among unmarried women and 25.2 percent increase of unintended births among 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.

<table>
<thead>
<tr>
<th>Year/ Marital Status</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>28.6-35.8</td>
<td>30.3-37.6</td>
<td>30.1-37.5</td>
<td>30.4-38.0</td>
<td>32.8-41.3</td>
<td>28.4-36.5</td>
<td>31.7-39.9</td>
<td>30.2-38.3</td>
<td>28.2-36.5</td>
<td>35.8-44.9</td>
</tr>
<tr>
<td>Not Married</td>
<td>73.4-82.3</td>
<td>72.7-81.1</td>
<td>70.5-79.4</td>
<td>70.1-79.6</td>
<td>67.3-78.0</td>
<td>69.8-80.3</td>
<td>67.1-78.2</td>
<td>64.0-75.3</td>
<td>61.5-73.4</td>
<td>66.1-77.2</td>
</tr>
</tbody>
</table>
In 2009 in Alabama, 64.3 percent of births to women on Medicaid were unintended compared to 42.2 percent among non-Medicaid women. This indicates that poorer women are more likely to have unplanned births.

<table>
<thead>
<tr>
<th>Year/Payment</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>63.3-71.5</td>
<td>64.9-72.8</td>
<td>59.7-68.0</td>
<td>62.0-70.6</td>
<td>60.3-69.7</td>
<td>61.2-70.9</td>
<td>58.5-68.1</td>
<td>54.9-65.0</td>
<td>52.2-62.8</td>
<td>59.1-69.2</td>
</tr>
<tr>
<td>Non-Medicaid</td>
<td>27.8-36.3</td>
<td>28.1-36.3</td>
<td>29.7-38.3</td>
<td>30.8-39.7</td>
<td>31.5-41.7</td>
<td>29.1-38.9</td>
<td>29.1-38.7</td>
<td>32.4-42.1</td>
<td>27.9-37.3</td>
<td>37.0-47.6</td>
</tr>
</tbody>
</table>
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 2008 to 2009 there was a 24.9 percent increase in the percent of unintended births to mothers having their first child. In 2009, 65.9 percent of mothers having their third child were unintended. And there was a 20.3 percent increase from 2008 to 2009. All of the changes from 2008 to 2009 were not statistically significant.
Low birth weight is defined as a birth weight of less than 2,500 grams or 5 lbs. 8oz. Infants delivered at this weight are at an increased risk of death during their first year of life or lifelong disabilities. Of births reported as unintended in 2009, 11.8 percent were low weight births, slightly increased from 2008. Of intended births, the percentage of low weight births increased in 2009 too. Both increases are not statistically significant.
Mothers’ Intendedness Comments

• “I was 37 years old when I had my 3rd child. We were not expecting to have her. I don’t know if it’s because I’m older, but I really enjoy her a lot. She stays with me and I notice every little thing she does.”

• “Was on birth control to regulate me – nothing worked. We had tried getting pregnant for six years so we just thought we weren’t able.”

• “All ladies make sure you have somebody to be there for you and the baby and a job before getting pregnant.”

• “Staying with a partner just because of an unexpected pregnancy can sometimes do more harm, causing you to feel more pressured or depressed. My ex-boyfriend and I were together for five years before I got pregnant. Because of the stress from him I lost 121 lbs and struggled to gain weight. During the first three months, I saw that my health and the health of my baby were in jeopardy, so we broke up and I focused on living healthier for me and my unborn child. I have been a single parent since I was three months pregnant, and it is more rewarding and less stressful.”

• “My husband and I had to go to an infertility clinic but in the end got pregnant naturally after trying infertility.”

• “Thought I was going through early menopause and he told me he had had a vasectomy.”

• “We both said if it happens, it happens and we will be happy no matter what.”
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 2009, 19.5% 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.

(Questions 17 & 18 of the PRAMS Survey)

<table>
<thead>
<tr>
<th>Early PNC</th>
<th>Yes</th>
<th>No</th>
<th>Did Not Want</th>
<th>No Appt.</th>
<th>No Money</th>
<th>No Medicaid Card</th>
<th>Secret</th>
<th>No Trans.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>77.3-83.1</td>
<td>16.8-22.6</td>
<td>0.0-0.9</td>
<td>24.4-40.2</td>
<td>27.7-43.7</td>
<td>18.9-34.2</td>
<td>9.0-21.8</td>
<td>12.0-25.4</td>
</tr>
</tbody>
</table>
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 2009, nine out of ten Alabama mothers reported being informed about safe medications to take during their pregnancies. Screening tests for birth defects or diseases which run in their families, breastfeeding, and what to do if premature labor occurs. Only 47.3 percent reported any discussion on seat belt usage during pregnancy, and 43.2 percent of Alabama’s mothers reported having a discussion about physical abuse by a husband or partner.

<table>
<thead>
<tr>
<th>Topics</th>
<th>Safe Medicines</th>
<th>Birth defects</th>
<th>Depression</th>
<th>Early labor</th>
<th>Breastfeeding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>88.7-93.0</td>
<td>81.3-86.7</td>
<td>58.1-65.4</td>
<td>75.7-81.8</td>
<td>80.4-85.8</td>
</tr>
</tbody>
</table>

95% Confidence Intervals

<table>
<thead>
<tr>
<th>Topics</th>
<th>Smoking</th>
<th>HIV testing</th>
<th>Drinking</th>
<th>Illegal drug usage</th>
<th>Seat belt usage</th>
<th>Physical abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>72.7-78.7</td>
<td>71.5-77.8</td>
<td>72.2-78.3</td>
<td>63.8-70.5</td>
<td>43.6-51.1</td>
<td>39.7-46.9</td>
</tr>
</tbody>
</table>
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 2009, almost eight out of ten Alabama mothers reported they had either read or heard that taking folic acid could help prevent some birth defects, but this knowledge was not translated into action. Approximately 58.7 percent of mothers took no multivitamins (contains the required amount of folic acid) the month before their pregnancy occurred. And 23.4 percent of Alabama mothers consumed a daily multivitamin during the month prior to becoming pregnant.

### 95% Confidence Intervals

<table>
<thead>
<tr>
<th>Questions</th>
<th>Knowledge? Yes</th>
<th>Knowledge? No</th>
<th>None Taken</th>
<th>1-3 times/wk.</th>
<th>4-6 times/wk.</th>
<th>Taken Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>75.2-81.3</td>
<td>18.7-24.8</td>
<td>55.0-62.3</td>
<td>11.2-16.3</td>
<td>3.1-6.1</td>
<td>20.5-26.7</td>
</tr>
</tbody>
</table>
In 2009, 36.5 percent of mothers said they were exercising 3 or more days of the week. And 29.1 percent of mothers were dieting (changing eating habits). 19.7 percent of mothers were taking prescription medicines other than birth control.

<table>
<thead>
<tr>
<th>Topics</th>
<th>dieting</th>
<th>exercise</th>
<th>taking prescription meds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>25.8-32.5</td>
<td>33.0-40.2</td>
<td>16.9-22.8</td>
</tr>
</tbody>
</table>
Mothers’ Prenatal Care Comments

- “My advice is to stay in check with your doctor and keep telling them if something isn’t right until they listen. You know your body and if something doesn’t seem right don’t brush off things that concern you. Keep your doctor informed.”

- “I took my vitamins everyday during and before I got pregnant. I consumed little or no soft drinks and sugary snacks. I ate mostly fruits for snacks. I ate six small meals. I never stopped working out.”

- “I had a great pregnancy, delivery and a great experience with my baby since I took my vitamins regularly. My baby is very healthy and happy.”

- “Walk a lot during your pregnancy and drink a lot of fluids and it will make your pregnancy easier and watch your weight.”

- “Make sure that the moment that you find out you’re pregnant, you start prenatal care. Always be honest and upfront with your doctor/nurse. Don’t smoke cigarettes or your baby may come out with heart and respiratory problems like my son. Always respect the fact that it’s not just you anymore. Don’t abuse your body while you are toting an innocent life around in your belly that is depending on you to survive and make it into the world.”

- “Can’t stress enough how important it is to get seen as soon as you know you are pregnant.”

- “I recommend mothers to have their prenatal care and to take prenatal vitamins.”

- “I stayed away from caffeine during my pregnancy; large amounts of caffeine can harm a baby.”

- “Some young mothers are ashamed to let people know when they are pregnant because they are scared.”

- “Exercise while pregnant, it really does make labor and delivery easier but it still hurts though...a lot!”

- “Taking prenatal vitamins is important and may help to keep high blood pressure down and your baby needs the extra vitamins. During pregnancy try not to get stressed out because it could cause problems for you and your baby.”

- “Keep your appointments, stay healthy, and do what the doctors ask.”

- “I just wanted all mothers that are having babies to keep a clear mind and not stress a lot and stay away from people that are smoking and don’t drink alcohol and eat right and exercise and always go to your appointments and take your vitamins everyday.”
NEGATIVE HEALTH BEHAVIORS:

SMOKING AND DRINKING
Have you smoked any Cigarettes in the Past 2 Years, Alabama PRAMS 2009

(Question 27 of the PRAMS Survey)

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

In 2009, when Alabama mothers were asked if they had smoked any cigarettes in the past two years, 30.2 percent answered ‘Yes’.

<table>
<thead>
<tr>
<th>Smoking Status</th>
<th>Smoked</th>
<th>Did Not Smoke</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>27.0-33.7</td>
<td>66.3-73.0</td>
</tr>
</tbody>
</table>

The Healthy People 2010 Objective is to increase abstention from cigarette smoking by pregnant women to 99 percent. Alabama is not close to achieving this goal. Historically in Alabama, smoking decreases during pregnancy in the majority of women, only to increase again after the birth of their infants. This pattern was repeated in 2009, although 15.8 percent of Alabama mothers continued to smoke while pregnant. In 2009, the increases in smoking seen during the three time periods were not statistically significant.
Both white and black and other smokers showed the same trend - smoking decreased during pregnancy but increased again by the time of the survey. Among white smokers, there was a statistically significant decrease in smoking from before pregnancy to during pregnancy. Among black and other race smokers, the decrease from before pregnancy to during pregnancy and the increase again at time of the survey were not statistically significant changes.

<table>
<thead>
<tr>
<th>Smoked/Race:</th>
<th>Before Pregnancy</th>
<th>During Pregnancy</th>
<th>At Time of Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>28.9-37.0</td>
<td>16.6-23.5</td>
<td>20.6-28.0</td>
</tr>
<tr>
<td>Black and Other</td>
<td>9.6-19.1</td>
<td>5.2-13.0</td>
<td>8.2-17.4</td>
</tr>
</tbody>
</table>
In 2009, teen and adult women smokers followed the same pattern - decreasing smoking during pregnancy and increasing after delivery. The decrease in smoking during pregnancy among adult women was statistically significant, but among teen women, the decrease was statistically significant.

<table>
<thead>
<tr>
<th>Smoked/ Age:</th>
<th>Before Pregnancy</th>
<th>During Pregnancy</th>
<th>At Time of Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teens</td>
<td>25.3-45.4</td>
<td>10.1-25.6</td>
<td>17.8-36.4</td>
</tr>
<tr>
<td>Adults</td>
<td>21.7-28.5</td>
<td>13.1-18.8</td>
<td>16.2-22.3</td>
</tr>
</tbody>
</table>
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 2009, in the percentages of women with 0-11 years of education who smoked, the decreases in smoking seen from before pregnancy and during pregnancy were not statistically significant. In fact, about one in 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 almost significant from before pregnancy and during pregnancy. For this group, the increase in smoking from during pregnancy to at the time of the survey was not significant.

The lower percentages of smoking (before pregnancy, during pregnancy, and after delivery) among women with 13+ years of education were statistically significant from the other two educational groups. The drop in smoking from before pregnancy and during pregnancy was statistically significant.
In 2009, 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 36.7 percent, which was not a statistically significant decrease. Unmarried women decreased smoking while pregnant by 41.9 percent, which was statistically significant.

<table>
<thead>
<tr>
<th>Smoked/ Marital Status:</th>
<th>Before Pregnancy</th>
<th>During Pregnancy</th>
<th>At Time of Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>17.3-24.6</td>
<td>10.3-16.4</td>
<td>12.8-19.4</td>
</tr>
<tr>
<td>Unmarried</td>
<td>28.4-39.9</td>
<td>15.3-25.0</td>
<td>20.8-31.5</td>
</tr>
</tbody>
</table>
In 2009, 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

<table>
<thead>
<tr>
<th>Smoked/Payment Method:</th>
<th>Before Pregnancy</th>
<th>During Pregnancy</th>
<th>At Time of Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>29.8-39.8</td>
<td>18.8-27.4</td>
<td>24.6-34.1</td>
</tr>
<tr>
<td>Non-Medicaid</td>
<td>13.6-22.0</td>
<td>5.9-12.2</td>
<td>7.5-14.3</td>
</tr>
</tbody>
</table>
In 2009, a higher percentage of white mothers smoked than did black and other mothers. The decrease in smoking for white adults and teen mothers during pregnancy was statistically significant.

95% Confidence Intervals

<table>
<thead>
<tr>
<th>Smoked/Race and Age:</th>
<th>Before Pregnancy</th>
<th>During Pregnancy</th>
<th>At Time of Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Teens</td>
<td>37.7-63.9</td>
<td>14.3-36.7</td>
<td>25.2-50.3</td>
</tr>
<tr>
<td>White Adults</td>
<td>26.5-35.0</td>
<td>16.0-23.3</td>
<td>18.9-26.5</td>
</tr>
<tr>
<td>Black &amp; Other Teens</td>
<td>4.5-28.7</td>
<td>1.5-21.8</td>
<td>3.5-28.4</td>
</tr>
<tr>
<td>Black &amp; Other Adults</td>
<td>9.5-20.0</td>
<td>5.3-14.0</td>
<td>8.1-18.1</td>
</tr>
</tbody>
</table>
From 2008 to 2009, there was an increase of 3.9 percent in drinking *before* becoming pregnant. An increase of 159 percent in drinking *during* the last three months of pregnancy was reported by Alabama mothers, and this increase was statistically significant. From 2000-2009, Alabama women did significantly decrease drinking during their pregnancies from their levels of drinking before pregnancy.

### 95% Confidence Intervals

<table>
<thead>
<tr>
<th>Year/Drank</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before Pregnancy</td>
<td>34.4-40.5</td>
<td>34.5-40.5</td>
<td>35.7-41.8</td>
<td>36.1-42.5</td>
<td>41.8-49.0</td>
<td>45.4-52.6</td>
<td>38.6-45.6</td>
<td>36.7-43.7</td>
<td>42.6-49.9</td>
<td>44.4-51.8</td>
</tr>
<tr>
<td>During Pregnancy</td>
<td>1.6-3.7</td>
<td>3.3-5.9</td>
<td>2.0-4.2</td>
<td>3.5-6.1</td>
<td>4.3-7.7</td>
<td>5.2-8.8</td>
<td>3.8-6.9</td>
<td>5.3-9.0</td>
<td>3.8-7.0</td>
<td>10.9-15.9</td>
</tr>
</tbody>
</table>
In 2009, 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.
As expected, a higher percentage of adult women reported consuming alcohol than teenage women. Yet in 2009, 37.4 percent of teenage mothers reported using alcohol before becoming pregnant and 10.6 percent reported drinking during their pregnancies, despite being underage. In both populations, drinking significantly declined during the last three months of their pregnancies.

<table>
<thead>
<tr>
<th>Drank / Mother’s Age</th>
<th>Before Pregnancy</th>
<th>During Pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teens</td>
<td>27.7-48.2</td>
<td>5.8-18.7</td>
</tr>
<tr>
<td>Adults</td>
<td>45.8-53.7</td>
<td>11.1-16.5</td>
</tr>
</tbody>
</table>
In 2009, women with higher levels of education were more likely to drink than those women with lower educational attainment. This could be attributable to age; women with lower educational levels are probably younger and underage. In each educational level, drinking during pregnancy decreased significantly.
In 2009, unmarried mothers were as likely to drink *before* and *during* pregnancy as married mothers, the differences were not statistically significant. Both unmarried and married mothers significantly decreased drinking during the last three months of their pregnancies.

### 95 % Confidence Intervals

<table>
<thead>
<tr>
<th>Drank/ Marital Status</th>
<th>Before Pregnancy</th>
<th>During Pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>45.0-54.2</td>
<td>10.4-16.7</td>
</tr>
<tr>
<td>Unmarried</td>
<td>39.9-52.3</td>
<td>9.5-17.8</td>
</tr>
</tbody>
</table>
In Alabama in 2009, 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. In both groups, a statistically significant decrease in drinking was reported during the last three months of their pregnancies.

### 95% Confidence Intervals

<table>
<thead>
<tr>
<th>Drank/Payment Method</th>
<th>Before Pregnancy</th>
<th>During Pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>34.0-44.3</td>
<td>8.2-14.7</td>
</tr>
<tr>
<td>Non-Medicaid</td>
<td>52.2-62.6</td>
<td>12.0-19.6</td>
</tr>
</tbody>
</table>

(Questions 32 and 33 of the PRAMS Survey)
In 2009, 11.4 percent of women who drank before pregnancy had a low weight infant. Among women who drank while pregnant, 11.9 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.

<table>
<thead>
<tr>
<th>95% Confidence Intervals</th>
<th>Before Pregnancy</th>
<th>During Pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drank Percent LBW</td>
<td>8.4-15.4</td>
<td>6.7-20.2</td>
</tr>
</tbody>
</table>
Mothers’ Negative Health Behaviors Comments

• “At the time I was in act of addiction and I didn’t care but now I am clean from drugs and I love my daughter with all my heart.”

• “I think there should be some kind of law that prevents women from smoking and drinking during pregnancy. It is not fair to the baby. I also think smoking around a pregnant woman should be illegal.

• “Don’t smoke, drink, or do any drugs that could harm you or your unborn child.”

• “Provide more information about how using alcohol during pregnancy is so dangerous to the baby. Women who drink during pregnancy don’t only hurt themselves they hurt the unborn.”
HEALTH CARE SYSTEM ISSUES
In 2009, 73.6 percent of Alabama Mothers reported having a medical problem during their pregnancy. Of those, the highest percentage (37.8) reported having nausea, vomiting, and/or dehydration. One in four mothers reported experiencing preterm labor or a kidney/bladder infection. 20.6 percent of mothers reported vaginal bleeding, while 18.0 percent of mothers reported having high blood pressure. In addition, 11.5 percent of mothers developed gestational diabetes.

95% Confidence Intervals

<table>
<thead>
<tr>
<th>Problems</th>
<th>Yes</th>
<th>No</th>
<th>Nausea, vomiting, or dehydration</th>
<th>Preterm labor</th>
<th>Kidney/Bladder Infection</th>
<th>Vaginal Bleeding</th>
<th>HBP</th>
<th>Diabetes During Pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>70.3-76.7</td>
<td>23.3-29.7</td>
<td>34.2-41.4</td>
<td>23.4-30.1</td>
<td>23.6-30.2</td>
<td>17.8-23.8</td>
<td>15.3-21.1</td>
<td>9.3-14.2</td>
</tr>
</tbody>
</table>
Mothers who answered “Yes” to experiencing at least one medical problem during their pregnancy were asked if they stayed in the hospital or were on bed rest because of the medical problem. Of those who reported at least one problem, nearly 50.3 percent of mothers visited a hospital at least once; 40.1 percent of these visited one time; 30.4 percent went to hospital two times; and 26.0 percent stayed in bed for more than two days at a doctor’s or nurse’s advice.

<table>
<thead>
<tr>
<th>Times of went to Hospital/ER or bedrest</th>
<th>95% Confidence Intervals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hospital/ER</td>
</tr>
<tr>
<td>Percent</td>
<td>45.7-54.9</td>
</tr>
</tbody>
</table>
WIC or the Special Supplemental Nutrition Program for Women, Infants, and Children is one of the nation’s most successful nutrition programs, providing proper nutrition to pregnant women, breastfeeding women, women who had a baby within the last six months, infants, children under the age of five, and who meet eligibility guidelines.

In 2009, 58.7 percent of Alabama mothers received WIC benefits.

<table>
<thead>
<tr>
<th>Year</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>51.7-56.5</td>
<td>53.1-57.8</td>
<td>53.0-57.7</td>
<td>54.5-59.6</td>
<td>55.5-60.9</td>
<td>53.5-58.8</td>
<td>53.6-58.9</td>
<td>55.2-60.8</td>
<td>55.3-61.0</td>
<td>55.8-61.5</td>
</tr>
</tbody>
</table>
Mothers’ Health Care System Issues Comments

• “The Medicaid program was very helpful for me. I am so glad that this program is available. I wanted a baby so bad but it would have put me in a bind with all of the hospital bills and because of Medicaid, I was able to save money for when my baby was born so I could spend time with him. My husband is not able to work and I am currently in school to try and raise my income. Thank you so much for Medicaid and the WIC program. It was very helpful!”

• “I wish there was more information or knowledge about preeclampsia. An organization of some sort would benefit a lot of new mothers. Lots of women have no clue what this is and the signs to look for.”

• “My job does not provide any medical or dental insurance but Medicaid did not cover dental or any extra medical problems. I suffered a broken coccyx and bronchitis while pregnant. I let the doctors know about some medical problems from the past such as liver failure and a previous miscarriage. They saw no reason for me to be a high risk. I don’t agree with this. I ended up having my labor induced four weeks early because my blood pressure went too high.”

• “If it weren’t for WIC and Medicaid we wouldn’t be able to pay for anything for the babies. We appreciate it greatly.”

• “People really don’t know how hard it is on women who have children, being a single parent is hard. I think Medicaid should at least be offered to women for a year after babies are born. I had to go back to work ASAP after having my baby just to make ends meet and I only could find a part time job and only made $180.00 a week and Medicaid said they couldn’t help me anymore. I am more depressed, sad all the time and I feel so so so tired, no energy, no strength. I can’t afford insurance and don’t qualify for Medicaid. I need help with my needs and I can barely afford to pay rent! Women should be seen and treated for postpartum blues.”

• “I think Medicaid and WIC should be told to expecting mothers because some people don’t know what to do as I did not with my first pregnancy. I am glad you sent these questions for me to answer. I hope it helps PRAMS and future expecting mothers.”

• “There should be more information about being pregnant because I have four kids and every pregnancy was different.”
BREASTFEEDING
Numerous benefits are associated with breastfeeding, not only for the infant but for the mother as well. The Healthy People 2010 Objective is to increase the percentage of mothers who breastfeed their babies in the early postpartum period to 75 percent.

In Alabama in 2009, 35.6 percent of mothers did not attempt to breastfeed their babies. Only 23.6 percent Alabama mothers were still breastfeeding their infants at the time of the survey, two to six months after delivery.

<table>
<thead>
<tr>
<th>95% Confidence Intervals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Time Breastfed</strong></td>
</tr>
<tr>
<td>Percent</td>
</tr>
</tbody>
</table>
From 2000-2009, the percentage of Alabama mothers who initiated breastfeeding increased six out of the ten years. In 2009, 64.8 percent of mothers reported they initiated breastfeeding; however, from 2004-2008, the changes have not been statistically significant. Comparing 2000 and 2009 data, there has been a statistically significant increase of 17 percent in mothers who initiated breastfeeding.

<table>
<thead>
<tr>
<th>Year</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>52.3-58.3</td>
<td>51.2-57.3</td>
<td>54.5-60.5</td>
<td>54.7-61.1</td>
<td>56.5-63.4</td>
<td>54.2-61.1</td>
<td>61.3-67.9</td>
<td>60.3-67.0</td>
<td>59.4-66.4</td>
<td>61.2-68.3</td>
</tr>
</tbody>
</table>
From 2000 to 2009, there has been a statistically significant increase in breastfeeding in both racial groups. The prevalence of breastfeeding has been consistently higher among white women compared to black and other race women. The black and other race increased 13 percent from 2008 to 2009. The white race increased 0.9 percent from 2008 to 2009.

<table>
<thead>
<tr>
<th>Year/Race</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>59.4-66.8</td>
<td>59.2-66.6</td>
<td>64.1-71.2</td>
<td>62.0-69.6</td>
<td>64.8-72.8</td>
<td>61.5-69.4</td>
<td>69.3-76.8</td>
<td>64.9-72.8</td>
<td>66.6-74.4</td>
<td>67.2-75.1</td>
</tr>
<tr>
<td>Black and Other</td>
<td>33.3-44.4</td>
<td>28.7-39.1</td>
<td>31.7-42.4</td>
<td>34.5-46.1</td>
<td>34.3-47.2</td>
<td>30.7-43.9</td>
<td>38.1-51.0</td>
<td>46.1-58.9</td>
<td>39.7-53.6</td>
<td>45.9-59.4</td>
</tr>
</tbody>
</table>
During the period from 2000 through 2009, the percentage of women initiating breastfeeding increased in all three age groups. When examining each group, the oldest mothers, 35 plus years, had the highest percentage of breastfeeding with teenage mothers having the lowest percentage. The percentage of mothers 10-19 years who initiated breastfeeding decreased 20 percent from 2008 to 2009.
In Alabama, breastfeeding prevalence is highest among women with 13 or more years of education. Comparing percentages from 2000 to percentages in 2009, there have been no significant increases in breastfeeding in Alabama mothers.
Comparing 2000 levels to 2009 levels, there have been statistically significant increases in breastfeeding initiation in 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

<table>
<thead>
<tr>
<th>Year/ Marital Status</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>63.0-70.3</td>
<td>60.8-68.3</td>
<td>63.7-71.2</td>
<td>64.5-72.0</td>
<td>66.2-74.4</td>
<td>64.8-73.0</td>
<td>71.1-78.6</td>
<td>68.4-75.9</td>
<td>68.4-76.5</td>
<td>68.9-77.2</td>
</tr>
<tr>
<td>Unmarried</td>
<td>28.5-39.0</td>
<td>29.4-39.2</td>
<td>33.4-43.6</td>
<td>34.5-45.7</td>
<td>34.9-47.2</td>
<td>29.5-41.4</td>
<td>38.2-50.6</td>
<td>44.3-56.6</td>
<td>39.4-52.2</td>
<td>46.7-59.1</td>
</tr>
</tbody>
</table>
From 2000 through 2009 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 2000 to those in 2009, only the Medicaid group has significantly increased in the percentage of women who initiated breastfeeding their infants.

### 95% Confidence Intervals

<table>
<thead>
<tr>
<th>Year/ Payment</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>33.0-41.7</td>
<td>36.9-45.5</td>
<td>37.1-45.8</td>
<td>40.8-50.2</td>
<td>39.2-49.3</td>
<td>38.1-48.2</td>
<td>45.5-55.5</td>
<td>46.7-57.1</td>
<td>44.6-55.5</td>
<td>47.2-57.9</td>
</tr>
<tr>
<td>Non-Medicaid</td>
<td>65.6-74.0</td>
<td>60.7-69.3</td>
<td>67.2-75.5</td>
<td>63.5-72.2</td>
<td>68.4-77.7</td>
<td>66.5-75.9</td>
<td>73.9-82.5</td>
<td>70.3-78.7</td>
<td>70.9-79.7</td>
<td>72.6-81.6</td>
</tr>
</tbody>
</table>
Of babies born in 2009 at a normal birth weight, 65.7 percent were breastfed. Of low birth weight babies, that is, weight less than 2,500 grams, 57.6 percent were breastfed, which may be related to a separation from the mother if the infant was admitted to the neonatal intensive care unit. Comparing 2000 percentages with 2009 percentages, there have been statistically significant increases in the normal birth weight group.
Breastfeeding Events at Hospital after Delivery, Alabama PRAMS 2009

One Healthy People 2010 objective is for at least 75 percent of mothers to breastfeed their infants in the first six weeks after delivery. In 2009, 78.0 percent of mothers reported they received direct help from hospital staff in learning how to breastfeed their babies, while 95.4 percent reported the hospital provided them information on breastfeeding. Only 45.8 percent reported that their infants received breast milk exclusively while in the hospital, and 84.9 percent were given a formula gift pack to take home upon discharge.

95% Confidence Intervals

<table>
<thead>
<tr>
<th>Events</th>
<th>Given gift pack</th>
<th>Breastfeeding information</th>
<th>Baby in room</th>
<th>Baby used pacifier</th>
<th>Breastfeeding helpline</th>
<th>Staff helped</th>
<th>Fed only breast milk in hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>81.2-87.9</td>
<td>93.0-97.0</td>
<td>76.6-84.0</td>
<td>68.3-76.6</td>
<td>78.4-85.5</td>
<td>73.9-81.6</td>
<td>41.3-50.5</td>
</tr>
</tbody>
</table>
Mothers’ Breastfeeding Comments

• “Much misinformation is being given to new mothers about breastfeeding and the exclusive use of formula – This is happening in hospitals in Alabama and is perpetuated by a number of pediatricians. New mothers are being told things such as formula-fed babies gain weight faster than breastfed babies...Breastfed babies must be checked by their pediatricians earlier than formula-fed babies because they are breastfed. These false/misleading assertions lead new mothers to believe formula-feeding is as good as or better than breastfeeding and this certainly is not true. Why is formula freely given and aggressively pushed by hospitals and medical personnel?”

• “I had tried to breastfeed with my first and was unable to. I felt less of a mom and did not want that again. Milk didn’t come in until three days.”

• “At three and a half months, I began bottle-feeding my baby; usually only substituting a bottle for one feeding during the day. It was easier for him to get milk from a bottle than a breast.”

• “More needs to be done to encourage all moms to breastfeed (or at least try). Advice usually says to give it two weeks, but from my experience and others, it takes two months. Instead of pushing the line ‘it’s best for babies’, go with ‘it’s better on your wallet’.”

• “I breastfed full time for six weeks, went back to work part time, then slowly weaned down to one feeding each evening by four months. Then my baby wanted more than I could give for that feeding so it was time for him to be fully weaned.”

• “I was successful at breastfeeding only because my partner got involved. I knew enough about myself to know that I would be frustrated if latching were a problem. I had him read different positions and info on latching in the weeks prior to my baby’s birth. He positioned her for me the entire time we were in the hospital and it made all the difference.”

• “Breastfeeding was hard to do in public. It was like I had to plan everything around him eating, how long I was at the store, car trips, and going to visit friends. I wish it was more accepted, with people other than mothers and healthcare workers.”

• “Breast pumps should be given to mothers for 3-4 months after delivery. Mothers should only need to buy the tubing kit.”

• “He got used to the milk given to me by WIC.”

• “I think that the hospital should provide all nursing mothers with pumps/latch or nipple covers to help with some breastfeeding issues. Also, show how to properly use these items.”

• “I had a loss of appetite and was not supplying my baby with proper nutrients.”

• “I was on blood pressure medicine she could not have. Pumping, feedings and a 3 ½ year old became too much to handle. Doctor put me on an antidepressant also which she could not have in breast milk.”

• “I think more needs to be done to teach mothers about breastfeeding. If it weren’t for my mother’s encouragement, I wouldn’t have done it. No one at the hospital taught me anything about breastfeeding. I am a mother of three healthy babies.”
CONTRACEPTION
In 2009, 54.2 percent of Alabama mothers who did not want a pregnancy answered “no” to using any kind of birth control to prevent it. A Healthy People 2010 objective is to increase the proportion of females at risk of unintended pregnancy who use contraception to 100 percent.

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

(Questions 13 & 14 of the PRAMS Survey) * Items are not mutually exclusive.

95% Confidence Intervals

<table>
<thead>
<tr>
<th>Birth Control</th>
<th>Yes</th>
<th>No</th>
<th>Didn’t mind</th>
<th>Thought I couldn’t</th>
<th>Husb/partner didn’t want to use anything</th>
<th>Side effects</th>
<th>Trouble getting birth control</th>
<th>Thought sterile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>40.9-50.8</td>
<td>49.3-59.1</td>
<td>32.6-45.2</td>
<td>17.9-28.9</td>
<td>15.2-25.8</td>
<td>8.4-17.0</td>
<td>4.4-11.2</td>
<td>6.7-14.7</td>
</tr>
</tbody>
</table>
The correct usage of contraception is invaluable in preventing unintended pregnancies. Almost 90 percent of Alabama mothers in 2009 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, 21.2 percent women said they did not want to use anything, 25.5 percent reported they were not having sex, 5.9 percent were wanting to be pregnant, and 11.0 percent reported their spouse or partner did not want to use any contraception. 2.9 percent reported that they were already pregnant again.
In 2009, 32.9 percent of women reported condom usage as the preferred method of contraception. 26.4 percent reported they were taking the pill. Sterilization was the choice of 15.0 percent of women who had their tubes tied after delivery.
Mothers’ Birth Control Comments

- “I had just got my IUD taken out because of pain and it happened so fast I really wasn’t trying to have a baby.”
- “Fixing to start the patch. I was told that it might dry my milk up so I was waiting to stop pumping.”
- “I did not like condoms or birth control and did not know about the Mirana at the time.”
- “Doctor told me I had to wait until the eighth week to do birth control.”
- “I wasn’t consistent with taking birth control, so I stopped.”
MISCELLANEOUS
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, 36.1 percent of Alabama mothers reported they had moved to a new address, 28.9 percent reported they argued more with their husband/partner, about 27.3 percent had a family illness or hospitalization, and 24.3 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

<table>
<thead>
<tr>
<th>Source of Stress</th>
<th>Moved</th>
<th>Argued more with Husband/partner</th>
<th>Family illness</th>
<th>Financial difficulties</th>
<th>Someone close died</th>
<th>Someone close with a drug/alcohol problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>32.5-39.7</td>
<td>25.6-32.4</td>
<td>24.1-30.8</td>
<td>21.2-27.6</td>
<td>17.6-23.7</td>
<td>12.9-18.3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Source of Stress</th>
<th>Divorced</th>
<th>Lost job</th>
<th>Husband/partner lost their job</th>
<th>Husband/partner did not want pregnancy</th>
<th>In physical fight</th>
<th>Husband/partner jailed</th>
<th>Homeless</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>8.0-12.7</td>
<td>11.8-16.8</td>
<td>15.6-21.4</td>
<td>7.3-11.7</td>
<td>3.0-6.2</td>
<td>3.2-6.4</td>
<td>1.4-3.8</td>
</tr>
</tbody>
</table>
In 2009, 16.8 percent of Alabama mothers reported they always or almost always felt down, depressed, or hopeless since the birth of their baby. About 56.8 percent reported feeling this way sometimes and on rare occasions.

Mental Health of Mothers, Alabama PRAMS 2009
Question 64a asks:
“Since your new baby was born, how often have you felt down, depressed, or sad?”

<table>
<thead>
<tr>
<th>Depression</th>
<th>Never</th>
<th>Always</th>
<th>Often/Almost Always</th>
<th>Sometimes</th>
<th>Rarely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>23.2-29.9</td>
<td>2.0-5.0</td>
<td>11.2-16.4</td>
<td>28.2-35.2</td>
<td>22.1-28.6</td>
</tr>
</tbody>
</table>
In 2009, when Alabama mothers were asked how often they felt hopeless, 9.1 percent responded they felt this way **always or almost always**.

Depression among women who have recently given birth has become an important healthcare issue. Some women experience feelings of sadness, anxiety, or irritability within hours to a few weeks after giving birth (called Baby Blues). However, in some women, these feelings and mood swings do not disappear in a few weeks, but instead intensify and may last up to a year after giving birth. This type of depression is called postpartum depression. This more serious form of depression requires medication and possibly counseling to deal with the symptoms. In 2009 in Alabama, 6.6 percent of mothers reported their doctor or other health care worker had diagnosed them with depression since the birth of their baby.

**95% Confidence Intervals**

<table>
<thead>
<tr>
<th>Depression</th>
<th>Never</th>
<th>Always</th>
<th>Often/Almost Always</th>
<th>Sometimes</th>
<th>Rarely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>58.4-65.7</td>
<td>1.6-4.2</td>
<td>4.7-8.5</td>
<td>10.1-15.2</td>
<td>13.9-19.5</td>
</tr>
</tbody>
</table>
Percent of Mothers who Experienced Physical Abuse Before and During Pregnancy, Alabama PRAMS 2009

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

One Healthy People 2010 Objective is to reduce the incidence of physical assault by a current or former husband or partner to 3.3 assaults per 1,000 persons (or 0.3 percent), aged 12 years or older. In 2009, 4.6 percent Alabama mothers reported physical abuse by their current husband/partner and 2.9 percent mothers reported abuse by a former husband/partner twelve months before becoming pregnant. The abuse decreased during pregnancy by 23.9 percent by current spouse/partner and 62 percent by former husband/partner. All of the decreases in abuse reported during pregnancy are not statistically significant.

95% Confidence Intervals

<table>
<thead>
<tr>
<th>Physical Abuse</th>
<th>Abuse Discussed At Prenatal Visits</th>
<th>Abused by Current Husb/partner 12 mos. Before pregnancy</th>
<th>Abused by Former Husb/partner 12 mos. Before pregnancy</th>
<th>Abused by Current Husb/partner During pregnancy</th>
<th>Abused by Former Husb/partner During pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>39.7-46.9</td>
<td>3.2-6.5</td>
<td>1.9-4.5</td>
<td>2.3-5.3</td>
<td>0.6-2.2</td>
</tr>
</tbody>
</table>
Periodontal diseases are serious dental infections caused by bacteria. Periodontal diseases can destroy bone and other structures that support the teeth. Pregnant women who have periostitis are at increased risk of having a premature or preterm delivery. Non-surgical dental procedures are available to safely treat this condition in pregnant women.

In 2009 when Alabama mothers were asked, “When did you have your teeth cleaned by a Dentist or dental hygienist?” 89.2 percent reported having had their teeth cleaned, 32.6 percent had their teeth cleaned during their pregnancy, and 30.7 percent reported a cleaning after their most recent pregnancy. Nearly 10.8 percent of Alabama mothers had never had a dental cleaning. If following the recommended guidelines for good dental health, all mothers should have visited the dentist at least once during their pregnancy for a check and cleaning.

<table>
<thead>
<tr>
<th>95% Confidence Intervals</th>
</tr>
</thead>
<tbody>
<tr>
<td>When cleaning was performed</td>
</tr>
<tr>
<td>Percent</td>
</tr>
</tbody>
</table>
Health providers suggest placing an infant on his/her back (face up) for resting, sleeping, or when left alone can reduce the risk of Sudden Infant Death Syndrome or SIDS. A Healthy People 2010 objective is to increase the percentage of healthy full-term infants who are placed on their backs for sleeping to 70 percent.

In 2009 in Alabama, 37.8 percent of mothers reported placing their babies *most often* on their side or stomach for sleeping.
Survey Questions

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

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

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

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

The survey has gone through four revisions, or phases, since Alabama began using the PRAMS survey: 1993 to 1995 data were gathered in the Phase 2 survey; 1996 to 1999 data were gathered from the Phase 3 survey; and in 2000, the Phase 4 survey began. In 2002, a slight revision was made to Phase 4. In 2004, the Phase 5 survey was implemented. 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 respond at different rates than women not possessing those characteristics. For example, the response rate for married women is higher than that for unmarried women.

*For 2009, 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 
\[ \text{CI} = \text{percent} \pm (1.96 \times \text{standard error}) \]. Percent and standard errors were calculated using the SAS and SUDAAN statistical packages provided by CDC. The confidence intervals are included to determine significance of trends. Generally, for simple univariate percentages, the standard errors should be reasonably small. However, for cross-classifications involving several variables, cell frequencies can be quite small and the standard errors quite large, resulting in a large confidence interval around the estimate.

Limitations

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

The Sample

Each month approximately 100 women who have given birth two to four months before the sampling date are selected for the sample. The survey is divided into two strata: Medicaid and non-Medicaid normal birth weight. Women in each of these strata have a different probability of being chosen. Samples are selected so that roughly equal numbers of women are chosen from each strata. The odds of being selected in 2009 were approximately as follows:

- Medicaid: 1:46
- Non-Medicaid: 1:51

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

Strata were chosen to allow for oversampling of mothers who give birth to low birth weight babies and mothers whose birth was paid for by Medicaid. Both low birth weight births and Medicaid births are of special interest to the state of Alabama. Oversampling allows for large enough numbers of births that are low birth weight and Medicaid to be able to perform analyses.
As a rule of thumb, CDC requires at least 400 completed questionnaires and a response rate of 70 percent in each stratum. In 2009, the response rates for two of the strata were below 70 percent, with the higher rate of 62.3 percent among non-Medicaid births and the lower rate of 53.6 percent for Medicaid NBW births. The overall response rate for the two strata was 57.6 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 2009.
The majority of completed surveys, 64.7 percent, were received as a result of the initial mailing or mail 1. The mail 2 accounted for 11.3 percent of completed questionnaires, and mail 3 accounted for 6.9 percent. Of the total number of completed surveys, 17.1 percent resulted from phone phase.

The response rate is the percent of surveys sent which are completed. Of all women who received the first mailing, 37.3 percent responded. The second mailing had a 10.4 percent response rate. The response rate for the third mailing was 7.1 percent in 2009, and the response rate for the phone phase was 18.8 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 before you got pregnant with your new baby.

1. 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 | Yes |
   | a. I was dieting (changing my eating habits) to lose weight | N   | Y   |
   | b. I was exercising 3 or more days of the week | N   | Y   |
   | c. I was regularly taking prescription medicines other than birth control | N   | Y   |
   | d. I visited a health care worker to be checked or treated for diabetes | N   | Y   |
   | e. I visited a health care worker to be checked or treated for high blood pressure | N   | Y   |
   | f. I visited a health care worker to be checked or treated for depression or anxiety | N   | Y   |
   | g. I talked to a health care worker about my family medical history | N   | Y   |
   | h. I had my teeth cleaned by a dentist or dental hygienist | N   | Y   |

2. During the **month before you got pregnant with your new baby**, were you covered by any of these health insurance plans?

   - Health insurance from your job or the job of your husband, partner, or parents
   - Health insurance that you or someone else paid for (not from a job)
   - Medicaid
   - TRICARE or other military health care
   - All Kids
   - Other source(s) Please tell us:

   - I did not have any health insurance before I got pregnant

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

   - I didn’t take a multivitamin, prenatal vitamin, or folic acid vitamin at all
   - 1 to 3 times a week
   - 4 to 6 times a week
   - Every day of the week

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

   ____ Pounds OR ____ Kilos
5. How tall are you without shoes?

____ Feet ____ Inches

OR ______ Meters

6. What is your date of birth?

/ / 19

Month Day Year

7. Before you got pregnant with your new 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 same as gestational diabetes or diabetes that starts during pregnancy.

☐ No
☐ Yes

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

☐ No
☐ Yes

Go to Question 11

9. Did the baby born just before your new one weigh more than 5 pounds, 8 ounces (2.5 kilos) at birth?

☐ No
☐ Yes

Go to Question 15

10. Was the baby just before your new one born more than 3 weeks before his or her due date?

☐ No
☐ Yes

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

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

☐ I wanted to be pregnant sooner
☐ I wanted to be pregnant later
☐ I wanted to be pregnant then
☐ I didn’t want to be pregnant then or at any time in the future

Check one answer

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

☐ No
☐ Yes

Go to Question 15

13. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant? (Some things people do to keep from getting pregnant include not having sex at certain times [natural family planning or rhythm] or withdrawal, and using birth control methods such as the pill, condoms, vaginal ring, IUD, having their tubes tied, or their partner having a vasectomy.)

☐ No
☐ Yes

Go to Question 14
14. What were your reasons or your husband’s or partner’s reasons for not doing anything to keep from getting pregnant?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐️</td>
<td>I didn’t mind if I got pregnant</td>
</tr>
<tr>
<td>☐️</td>
<td>I thought I could not get pregnant at that time</td>
</tr>
<tr>
<td>☐️</td>
<td>I had side effects from the birth control method I was using</td>
</tr>
<tr>
<td>☐️</td>
<td>I had problems getting birth control when I needed it</td>
</tr>
<tr>
<td>☐️</td>
<td>I thought my husband or partner or I was sterile (could not get pregnant at all)</td>
</tr>
<tr>
<td>☐️</td>
<td>My husband or partner didn’t want to use anything</td>
</tr>
<tr>
<td>☐️</td>
<td>Other</td>
</tr>
</tbody>
</table>

Please tell us: ____________________________

15. How many weeks or months pregnant were you when you were sure you were pregnant?

(For example, you had a pregnancy test or a doctor or nurse said you were pregnant.)

☐️ Weeks OR ☐️ Months

☐️ I don’t remember

16. How many weeks or months pregnant were you when you had your first visit for prenatal care? Do not count a visit that was only for a pregnancy test or only for WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children).

☐️ Weeks OR ☐️ Months

☐️ I didn’t go for prenatal care

Go to Page 4, Question 18

Go to Page 4, Question 17
17. Did you get prenatal care as early in your pregnancy as you wanted?

- No
- Yes → Go to Question 19

18. Did any of these things keep you from getting prenatal care at all or as early as you wanted? For each item, circle T (True) if it was a reason that you didn’t get prenatal care when you wanted or circle F (False) if it was not a reason for you or if something does not apply to you.

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>I couldn’t get an appointment when I wanted one</td>
<td>T</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>I didn’t have enough money or insurance to pay for my visits</td>
<td>T</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>I had no transportation to get to the clinic or doctor’s office</td>
<td>T</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>The doctor or my health plan would not start care as early as I wanted</td>
<td>T</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>I had too many other things going on</td>
<td>T</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>I couldn’t take time off from work or school</td>
<td>T</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>I didn’t have my Medicaid card</td>
<td>T</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>I had no one to take care of my children</td>
<td>T</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>I didn’t know that I was pregnant</td>
<td>T</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>I didn’t want anyone else to know I was pregnant</td>
<td>T</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>k</td>
<td>I didn’t want prenatal care</td>
<td>T</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

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

19. Did any of these health insurance plans help you pay for your *prenatal care*?

- Check all that apply

- Health insurance from your job or the job of your husband, partner, or parents
- Health insurance that you or someone else paid for (not from a job)
- Medicaid
- TRICARE or other military health care
- All Kids
- Other source(s) → Please tell us:

- I did not have health insurance to help pay for my prenatal care
20. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? Please count only discussions, not reading materials or videos. For each item, circle Y (Yes) if someone talked with you about it or circle N (No) if no one talked with you about it.

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

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

- [ ] No
- [ ] Yes
- [ ] I don’t know

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

- [ ] No
- [ ] Yes

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

- [ ] No
- [ ] Yes

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

- [ ] No
- [ ] Yes

25. During your most recent pregnancy, were you told by a doctor, nurse, or other health care worker that you had gestational diabetes (diabetes that started during this pregnancy)?

- [ ] No
- [ ] Yes
26. Did you have any of the following problems during your most recent pregnancy? For each item, circle Y (Yes) if you had the problem or circle N (No) if you did not.

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

If you did not have any of the problems listed above, go to Question 28.

27a. Did a doctor, nurse, or other health care worker tell you to stay home in bed for more than 2 days because of any of the problems listed above?

- [ ] No
- [ ] Yes

27b. Did you go to the hospital or emergency room because of any of the problems listed above?

- [ ] No
- [ ] Yes

   Go to Question 27c

   Go to Question 28

27c. How many times did you go to the hospital or emergency room because of the problem(s)?

- [ ] 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
- [ ] Yes

   Go to Question 32

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
- [ ] 1 to 5 cigarettes
- [ ] Less than 1 cigarette
- [ ] I didn’t smoke then

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

- [ ] 41 cigarettes or more
- [ ] 21 to 40 cigarettes
- [ ] 11 to 20 cigarettes
- [ ] 6 to 10 cigarettes
- [ ] 1 to 5 cigarettes
- [ ] Less than 1 cigarette
- [ ] I didn’t smoke then
31. How many cigarettes do you smoke on an average day now?  (A pack has 20 cigarettes.)

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- I don’t smoke now

32. Which of the following statements best describes the rules about smoking inside your home now?

- 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

The next questions are about drinking alcohol around the time of pregnancy (before, during, and after).

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

- No
- Yes

Go to Question 34a

34a. During the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week?

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

Go to Question 35a

34b. During the 3 months before you got pregnant, how many times did you drink 4 alcoholic drinks or more in one sitting?  A sitting is a two hour time span.

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

35a. During the last 3 months of your pregnancy, how many alcoholic drinks did you have in an average week?

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

Go to Page 8, Question 36

35b. During the last 3 months of your pregnancy, how many times did you drink 4 alcoholic drinks or more in one sitting?  A sitting is a two hour time span.

- 6 or more times
- 4 to 5 times
- 2 to 3 times
- 1 time
- I didn’t have 4 drinks or more in 1 sitting
Pregnancy can be a difficult time for some women. The next questions are about things that may have happened before and during your most recent pregnancy.

36. This question is about things that may have happened during the 12 months before your new baby was born. For each item, circle Y (Yes) if it happened to you or circle N (No) if it did not. (It may help to look at the calendar when you answer these questions.)

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

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 way?

- No
- Yes

38. During the 12 months before you got pregnant with your new baby, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No
- Yes

39. During your most recent pregnancy, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No
- Yes

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

- No
- Yes

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

41. When was your baby due?

Month / Day / 20

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

Month / Day / 20

- I didn’t have my baby in a hospital
43. When was your baby born?

[ ] / [ ] / 20
Month Day Year

44. When were you discharged from the hospital after your baby was born?

[ ] / [ ] / 20
Month Day Year

☐ I didn’t have my baby in a hospital

45. Did any of these health insurance plans help you pay for the delivery of your new baby?

☐ Health insurance from your job or the job of your husband, partner, or parents
☐ Health insurance that you or someone else paid for (not from a job)
☐ Medicaid
☐ TRICARE or other military health care
☐ All Kids
☐ Other source(s) — — Please tell us:

☐ I did not have health insurance to help pay for my delivery

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

☐ No
☐ Yes
☐ I don’t know

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

☐ Less than 24 hours (less than 1 day)
☐ 24 to 48 hours (1 to 2 days)
☐ 3 to 5 days
☐ 6 to 14 days
☐ More than 14 days
☐ My baby was not born in a hospital
☐ My baby is still in the hospital — — Go to Page 10, Question 50

48. Is your baby alive now?

☐ No — — Go to Page 12, Question 61
☐ Yes

49. Is your baby living with you now?

☐ No — — Go to Page 12, Question 61
☐ Yes

Go to 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?

- No
- Yes → Go to Question 52

51. What were your reasons for not breastfeeding your new baby?

- 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 → Please tell us: 

If you did not breastfeed your new baby, go to Question 56b.

52. Are you currently breastfeeding or feeding pumped milk to your new baby?

- No
- Yes → Go to Question 55

Go to Question 53

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

- Weeks OR Months
- Less than 1 week

54. What were your reasons for stopping breastfeeding?

- My baby had difficulty latching or nursing
- Breast milk alone did not satisfy my baby
- I thought my baby was not gaining enough weight
- My nipples were sore, cracked, or bleeding
- It was too hard, painful, or too time consuming
- I thought I was not producing enough milk
- I had too many other household duties
- I felt it was the right time to stop breastfeeding
- I got sick and was not able to breastfeed
- I went back to work or school
- My baby was jaundiced (yellowing of the skin or whites of the eyes)
- Other → Please tell us:

82
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.

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

56a. **How old was your new baby the first time he or she drank liquids other than breast milk (such as formula, water, juice, tea, or cow’s milk)?**

<table>
<thead>
<tr>
<th></th>
<th>Weeks OR Months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- My baby was less than 1 week old
- My baby has not had any liquids other than breast milk

56b. **How old was your new baby the first time he or she ate food (such as baby cereal, baby food, or any other food)?**

Choose one answer:

- My baby was less than 1 week old
- My baby has not eaten any foods

If your baby is still in the hospital, go to Page 12, Question 61.

57. **In which one position do you most often lay your baby down to sleep now?**

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

58. **Was your new baby seen by a doctor, nurse, or other health care worker for a one week check-up after he or she was born?**

- No
- Yes

59. **Has your new baby had a well-baby checkup?** (A well-baby checkup is a regular health visit for your baby usually at 1, 2, 4, and 6 months of age.)

- No → **Go to Page 12, Question 61**
- Yes → **Go to Page 12, Question 60**
60. How many times has your new baby been to a doctor or nurse for a well-baby checkup? (It may help to use the calendar.)

☐ Times

61. 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

62. 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:

If you or your husband or partner is not doing anything to keep from getting pregnant now, go to Question 64.

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

Check all that apply

☐ Tubes tied or closed (female sterilization)
☐ Vasectomy (male sterilization)
☐ Pill
☐ Condoms
☐ Injection once every 3 months (Depo-Provera®)
☐ Contraceptive implant (Implanon®)
☐ Contraceptive patch (OrthoEvra®)
☐ Diaphragm, cervical cap, or sponge
☐ Vaginal ring (NuvaRing®)
☐ IUD (including Mirena®)
☐ Rhythm method or natural family planning
☐ Withdrawal (pulling out)
☐ Not having sex (abstinence)
☐ Emergency contraception
   (The “morning-after” pill)
☐ Other → Please tell us:

Please tell us:
64. Below is a list of feelings and experiences that women sometimes have after childbirth. Read each item to determine how well it describes your feelings and experiences. Then, write on the line the number of the choice that best describes how often you have felt or experienced things this way since your new baby was born. Use the scale when answering:

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Never</td>
<td>Rarely</td>
<td>Sometimes</td>
<td>Often</td>
<td>Always</td>
</tr>
</tbody>
</table>

a. I felt down, depressed, or sad . . .

b. I felt hopeless . . . . .

c. I felt slowed down . . . . .

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

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

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

☐ No ➔ Go to Page 14, Question 69
☐ Yes

68. Did you have your teeth cleaned by a dentist or dental hygienist during the time periods listed below? For each time period, circle Y (Yes) if you had your teeth cleaned then or circle N (No) if you did not have your teeth cleaned then.

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>b.</td>
<td>N</td>
<td>Y</td>
</tr>
</tbody>
</table>

The next questions are on a variety of topics.

65. At any time during your most recent pregnancy, did a doctor, nurse, or other health care worker tell you that you had depression?

☐ No
☐ Yes
The last questions are about the time during the 12 months before your new baby was born.

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

☐ Money from family or friends
☐ Money from a business, fees, dividends, or rental income
☐ Paycheck or money from a job
☐ Food stamps or WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)
☐ Aid such as Temporary Assistance for Needy Families (TANF), welfare, public assistance, general assistance, or Supplemental Security Income (SSI)
☐ Unemployment benefits
☐ Child support or alimony
☐ Social security, workers’ compensation, disability, veteran benefits, or pensions
☐ Other □ Please tell us:

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

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

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

□□□ People

72. What is today’s date?

□□□/□□□/□□□
Month Day Year