

PRAMS

Pregnancy Risk Assessment Monitoring System

1996-1999 Surveillance Report

A Survey of the Health of Mother and Babies
in Upstate New York

March 2003

Volume 2

Public Health Information Group

Center for Community Health

New York State Department of Health

Acknowledgements

The New York State PRAMS Project is grateful to those New York Mothers who kindly took the time to complete the survey. Their invaluable information, which is summarized in this report, will provide greater understanding of the health of mothers and infants in New York.

The New York State PRAMS team would like to thank the CDC PRAMS team, in the Division of Reproductive Health, Centers for Disease Control and Prevention, for their invaluable technical support and assistance. Specifically, Brenda Colley-Gilbert, Ph.D., Holly Shulman, M.S., Chris Johnson, M.S., Brian Morrow, M.S..

Funding for the PRAMS Program is provided in part by the Centers for Disease Control and Prevention, Atlanta, GA (Grant Number U50/CCU20709507).

New York State Department of Health
Center for Community Health
Public Health Information Group
Empire State Plaza, Corning Tower, Rm 750
Albany, New York 12237-0602

George E. Pataki
Governor, State of New York
Antonia C. Novello, M.D., M.P.H.
Commissioner, New York State Department of Health
Dennis Whalen
Executive Deputy Commissioner
Guthrie Burkhead, M.D., M.P.H.
Director, Center for Community Health

This publication was produced by:
Center for Community Health
Public Health Information Group

PRAMS Program

Michael Medvesky, M.P.H.
Principal Investigator, Director
Public Health Information Group
Barbara Brustman, Ed.D.
Co-Principal Investigator, Acting Director
Bureau of Women's Health
Anne M. Radigan-Garcia
PRAMS Project Coordinator
Nancy Davidson
PRAMS Data Manager

Other Staff Contributors

William Wallace, M.S.
Statistical Analyst

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Introduction

Overview of PRAMS

The Pregnancy Risk Assessment Monitoring System (PRAMS) was developed in 1987 by the Centers for Disease Control and Prevention (CDC) as part of their initiative to reduce poor pregnancy outcomes. PRAMS is an ongoing, population-based surveillance system of maternal behaviors and experiences before and during pregnancy and shortly after delivery of a live-born infant. Because the new mothers surveyed are randomly selected from all mothers in counties outside New York City (Bronx, Kings, New York, Queens and Richmond counties) who delivered a live infant in a specified year, findings can be generalized to the population of women living in New York State (excluding New York City). Thus, they provide an important supplement to data from vital records for planning and assessing perinatal health programs on a state level. Much of the data available from PRAMS are not obtainable from other sources and, therefore, provide unique insight into maternal and infant health issues in our state.

As the PRAMS questionnaire includes standard questions used by many other states, comparisons with other participating states are possible (see the CDC website for more information: http://www.cdc.gov/nccdphp/drh/srv_prams.htm). New York State received funding from a cooperative agreement with CDC and began data collection in June 1993.

Methodology

The PRAMS questionnaire is sent out two to six months after delivery to a sample of approximately 150 mothers per month who are selected from the state's live birth registry. A stratified random sampling approach is followed to ensure that the data are representative of the population and to permit comparisons among certain population subgroups. **Only mothers residing outside New York City are included in the sample.**

In order to maximize the rate of response, each woman is sent up to three copies of the questionnaire by mail. If a response is not received, attempts are made to contact the mother by telephone.

A total of 7,445 surveys were sent out between 1996 and 1999, with a response rate of 71 percent, or 5,318 completed surveys. Response rates dropped slightly from the 1996 rate of 73% to 70% in 1997, and 68% in 1998 but increased to 76% in 1999, the final year of data covered in this report.

PRAMS questionnaires are matched with corresponding birth certificates to create a PRAMS analytic file. This file is weighted by CDC to adjust for various probabilities of sampling, as well as nonresponse. A special statistical software package for analysis of sample data called SUDAAN (Software for Survey Data Analysis) is used when analyzing PRAMS data.

Questionnaire Design

The PRAMS Questionnaire consists of a set of core questions, which are included in the surveys of all states taking part in PRAMS, and state-specific questions, which differ according to each state's selected areas of need. The questionnaire undergoes revision approximately every four years. Questions may be deleted, revised or new questions developed based on the needs of CDC and the participating PRAMS states. This surveillance report is based on analysis of the Phase III questionnaire which is included in this document as Appendix A.

Since its inception, the PRAMS questionnaire has undergone several revisions, referred to as "phases." Revisions to the questionnaire have occurred primarily to capture data on recent guidelines or emerging issues concerning maternal and child health and to improve the respondent's comprehension of questions. Questionnaires used to collect data in 1993 to 1995 were developed under Phase II. Revisions under Phase III are reflected in the questionnaires used in 1996 to 1999. Examples of new questions included in the Phase III questionnaire include: infant sleep position, HIV counseling and testing, folic acid awareness, postpartum depression, and the husband's or partner's attitudes towards the pregnancy. For these indicators, 1993 to 1995 data are not available. The wording of the Phase III questions on physical abuse changed substantially from the Phase II version, making comparisons of these data inappropriate.

Core questions cover such topics as:

- Desired timing of pregnancy;
- Previous pregnancy history;
- Negative health behaviors (smoking and drinking), both before and during pregnancy;
- Prenatal care access;
- Health of the newborn infant (NICU status, breast-feeding, etc.) and
- Economic status of the mother before pregnancy and at time of delivery.

The state-specific questions cover such topics as:

- Birth control use at time of survey;
- Educational content of prenatal care (nutrition, alcohol use, tobacco use, signs of preterm labor etc.);
- Infant safety issues (use of a car safety seat, having a smoke alarm in the home);
- Support systems available to mother throughout pregnancy;
- Abuse, both physical and verbal, during the 12 months before delivery and
- Household income in the year before delivery.

Overview of PRAMS Surveillance Report

The data presented in this report include data collected from 1996-1999. The surveillance report covers six main topic areas:

- Pregnancy Intention and Birth Control;
- Prenatal Care;
- Prenatal Behaviors (Smoking and Drinking);
- Stress and Attitudes During Pregnancy;
- Infant Health Issues (Sleep Position, Breast-feeding, and Preventive Measures) and
- Economic Status.

Each topic area is organized to include tables which present the prevalence of indicators based on selected characteristics of the mother for 1996 thru 1999, as well as graphical presentations of selected indicators for subgroup analysis and/or to examine trends over time. The descriptive analyses use the following maternal characteristics: race (white, black, and other), age (< 20, 20 - 24, 25-34, and ≥ 35), education (0 - 11 years, 12 years, and > 12 years), marital status (married and other), and Medicaid status (on

Medicaid and not on Medicaid). Demographic variables (maternal age, education, race, and marital status) and outcome variables (birthweight, delivery complications) are obtained from state birth certificate data. Medicaid status is derived from three PRAMS Phase III questionnaire questions that ask about Medicaid status at the beginning of pregnancy, during the mother's prenatal care and at the time of delivery (Appendix A). If a respondent indicates that she was receiving Medicaid at any of these times, then she is considered to be on Medicaid. Since a number of survey questions allow the mother to check more than one response, the data will not necessarily add up to 100 percent. When this is the case, a reference is made immediately following the table including these data.

Most of the data presented are simple descriptive statistics generated by SUDAAN. P values based on a test for linear trend, using logistic regression, are contained in the data tables, but only for the total rates for the four years. Graphs present prevalence rates with their 95% confidence intervals.

PRAMS Highlights

- *Unintended pregnancy (includes unwanted and mistimed pregnancies).* In 1999, over one third of the mothers who responded to the survey reported that their pregnancy was unintended (35%) with 27 percent wanting the pregnancy at a later date and 8 percent not wanting the pregnancy then or at any time in the future. Groups at highest risk for an unintended pregnancy in 1999 include: women under the age of 20 (82%), black women (55%), women with less than a high school education (57%), and unmarried women (68%).
- *Unintended pregnancy and birth control at time of pregnancy.* Among women whose pregnancy was unintended, 67 percent report that they were not using a method of contraception at the time of pregnancy. Reasons given for not using birth control include: “didn’t want to use birth control” (23%), “having side effects” (22%), “did not think they could get pregnant” (21%), and “husband didn’t want me to use birth control” (8%).
- *Source of prenatal care.* The most common source of prenatal care in each year since New York State began collecting data for PRAMS (1993-1999) was a private doctor’s office (75% or more each year). Other sources of prenatal care in 1999 included Hospital Clinic (12%), Community Health Center (5%) and Health Department Clinic (3%). A significantly higher percentage of Medicaid mothers obtained preventive care from a MD/HMO in 1999 (54%) compared to 1996 (38%).
- *Source of payment for prenatal care.* In the period between 1993 and 1999, the cost of prenatal care has increasingly been covered by insurance (65% in 1993 vs. 75% in 1999). A decreasing proportion of mothers have had to rely on personal income to pay for their prenatal care (25% in 1993 vs. 10% in 1999).
- *Quality of prenatal care.* Most women receive educational information on nutrition, smoking, drinking, and HIV testing from their health care provider during the course of prenatal care. The educational area with the most dramatic improvement is a provider’s discussion about the need to test the mother’s blood for the HIV virus (the cause of AIDS). In 1993, 55 percent reported that a health care provider talked with them about getting their blood tested for HIV compared with 66 percent in 1996 and 88 percent in 1999.
- *Knowledge of Folic Acid.* The proportion of mothers who reported having heard or read about the importance of taking folic acid to prevent birth defects increased from 68 percent in 1996 to 81 percent in 1999.
- *Smoking before, during and after pregnancy.* Although there have been slight variations between 1993 and 1999, approximately one-third of women surveyed by PRAMS report having smoked in the three months before pregnancy. Despite reductions in smoking during pregnancy (16% smoked during the last three months of pregnancy in 1999), many women return to smoking after the birth of their child (23% in 1999).
- *Exposure to Secondhand Smoke.* The proportion of mothers who reported that their new baby spent at least some time in the same room with someone who smokes declined from 11 percent in 1996 to 7 percent in 1998 and 1999.
- *Drinking before and during pregnancy.* Between 1993 and 1999, more than half of all women surveyed reported drinking alcohol in the three months before they became pregnant. However, the proportion of women drinking before pregnancy declined from 57 percent in 1993 to 53 percent in 1999. Between 1993 and 1999 the proportion of women reporting drinking during the last three months of pregnancy declined from 10 percent in 1993 to 7 percent in 1999.
- *Violence.* Women were less likely to report physical abuse during their pregnancy than during the 12 months before they became pregnant. In 1999, 5 percent of the mothers surveyed reported being physically abused during pregnancy compared with 6 percent in the 12 months before becoming pregnant.
- *Mental health during pregnancy.* In 1999, over three quarters of all mothers described pregnancy as a happy time in their lives - 30 percent reported that their pregnancy was “one of the happiest times of my life” and 48 percent reported that pregnancy was “a happy time with few problems.” Among those mothers describing pregnancy as a “hard time,” fifteen percent reported that pregnancy was a “moderately hard time,” five percent reported pregnancy as a “very hard time,” and three percent felt it was “one of the worst times of my life.”
- *Postpartum Depression.* Most mothers in 1999 were either “not depressed at all” (44%) or only “a little depressed” (39%) in the months after delivery. Eleven percent reported being “moderately depressed” in the postpartum period and four percent reported being “very depressed” and two percent reported being “very depressed and had to get help.”
- *Breast-feeding.* The proportion of mothers who report breast-feeding their babies for at least a short period of time has increased in recent years (63% in 1996 to 67% in 1999). This increase was not seen among those mothers who were still breast-feeding at one month postpartum where the rates have consistently hovered around the 50 percent mark over the last

four years. Hospital-related assistance with breast-feeding is strongly associated with initiation of breast-feeding. Of the 89 percent of mothers who reported receiving information about breast-feeding from hospital staff in 1999, 70 percent initiated breast-feeding. Of the 11 percent of mothers who reported that they had not received hospital-based information on breast-feeding, only 30 percent initiated breast-feeding. However, these results could be influenced by selection bias where a woman who has been thinking about breast-feeding would ask for “hospital assistance” or hospital personnel may ask her if she is interested and if she says no then she wouldn’t get the information.

- *Infant Sleeping Position.* Between 1996 and 1999, the percentage of mothers’ who placed their baby on their back to sleep increased by 64%, (35% in 1996 to 57% in 1999). The proportion of mothers who place their babies on their back to sleep varies widely by selected characteristics of the mother. Those mothers most likely to place their babies on their back to sleep were white (59%), over 35 years of age (62%), had more than 12 years of education (61%), and were married (61%).
- *Infant Health.* The vast majority of mothers reported that they adhere to important injury prevention practices as they care for their newborn infants. Ninety-nine percent reported that their baby always rides in an infant car seat and 95 percent indicated that their home had a working smoke alarm.

Pregnancy Intention

To assess pregnancy intention, mothers who have had a live birth are asked: "Thinking back to just before you got pregnant, how did you feel about becoming pregnant?" Responses include: "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," or "I don't know." Unintended pregnancies are defined as those where the mother indicates that she "wanted to be pregnant at a later time" or "did not want to be pregnant at that time or at any time in the future."

Data Highlights

- Most women in 1999 reported either that they wanted their pregnancy at the time it occurred (43%) or would have preferred to have become pregnant at an earlier time (22%).
- In 1999, over one third of the mothers who responded to the survey reported that their pregnancy was unintended (35%), with 27 percent wanting the pregnancy at a later date and 8 percent not wanting the pregnancy then or at any time in the future.
- Groups at highest risk for an unintended pregnancy in 1999 include: women under the age of 20 (82%), black women (55%), women with less than a high school education (57%), unmarried women (68%) and women on Medicaid (62%).



Prevalence of Live Births Resulting from Unintended Pregnancies*

by Selected Characteristics, PRAMS, New York State Excluding New York City, 1999

Maternal Characteristics	1996 % (CI)	1997 % (CI)	1998 % (CI)	1999 % (CI)	P value or trend ##
Total	34.1 ± 3.5	38.4 ± 3.7	35.3 ± 3.7	35.1 ± 3.5	0.85
Race					
White	31.4 ± 3.7	36.0 ± 3.9	31.5 ± 3.9	32.2 ± 3.7	
Black	60.9 ± 12.5	69.4 ± 12.9	62.0 ± 12.9	55.3 ± 12.0	
Other	**	**	**	**	
Age					
<20 years old	78.0 ± 11.6	85.4 ± 10.4	84.1 ± 11.8	82.3 ± 9.6	
20-24 years old	47.8 ± 9.4	54.8 ± 9.6	53.6 ± 10.2	55.3 ± 8.8	
25-34 years old	28.6 ± 4.3	31.8 ± 4.7	28.2 ± 4.5	23.7 ± 4.1	
≥ 35 years old	23.7 ± 8.0	24.5 ± 7.8	23.2 ± 8.0	26.0 ± 8.0	
Education					
0-11 years	58.1 ± 10.2	62.4 ± 10.2	53.6 ± 12.0	57.2 ± 10.8	
12 years	37.7 ± 6.9	42.7 ± 7.4	40.1 ± 7.4	42.2 ± 6.9	
>12 years	25.7 ± 4.3	28.9 ± 4.5	28.4 ± 4.5	25.3 ± 4.1	
Marital Status					
Married	23.3 ± 3.3	26.7 ± 3.9	24.4 ± 3.7	22.2 ± 3.5	
Other	64.5 ± .8	69.2 ± 7.3	66.0 ± 8.2	68.0 ± 6.7	
Medicaid Status					
On Medicaid	64.5 ± 7.6	63.2 ± .4	59.9 ± 8.2	61.7 ± 7.6	
Not on Medicaid	23.7 ± 3.5	28.3 ± 3.9	26.9 ± 3.9	26.1 ± 3.7	

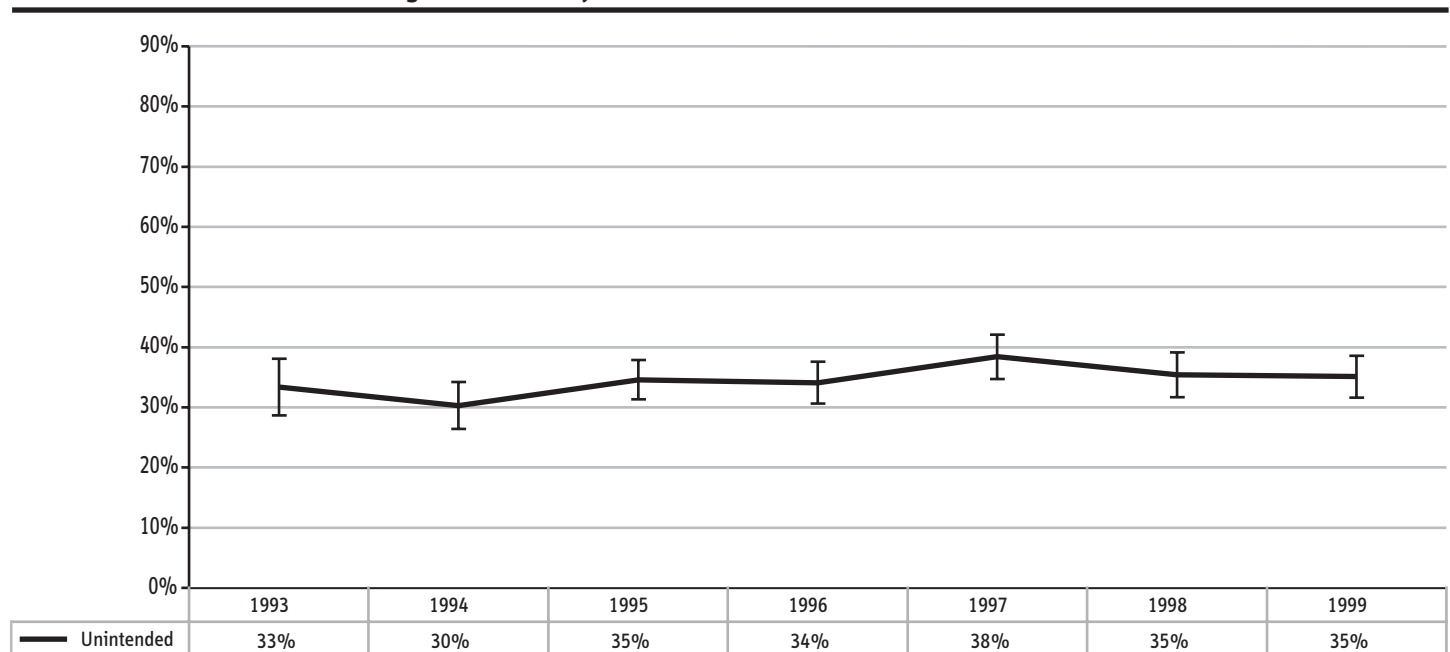
* An unintended pregnancy includes women stating they wanted to be pregnant later, or did not want to be pregnant at that time or at any time in the future.

** Number of respondents is less than 30. Estimates based on such a small sample are imprecise and may be biased. Therefore findings in this category are not reported.

Based on a test for linear trend using logistic regression.

Percentage of Woman Delivering a Live Birth Whose Pregnancy was Unintended*

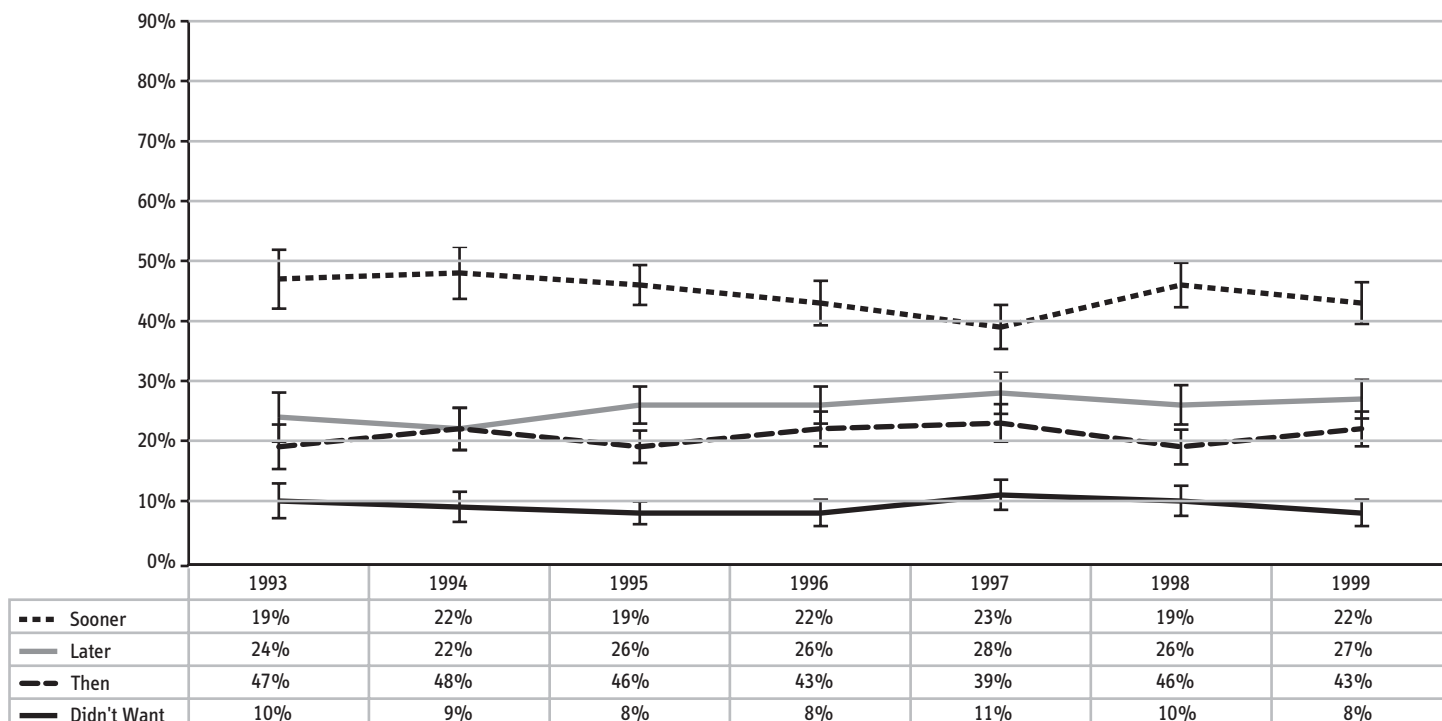
PRAMS, New York State Excluding New York City, 1993-1999



*Pregnancy wanted at a later time or not wanted at any time.

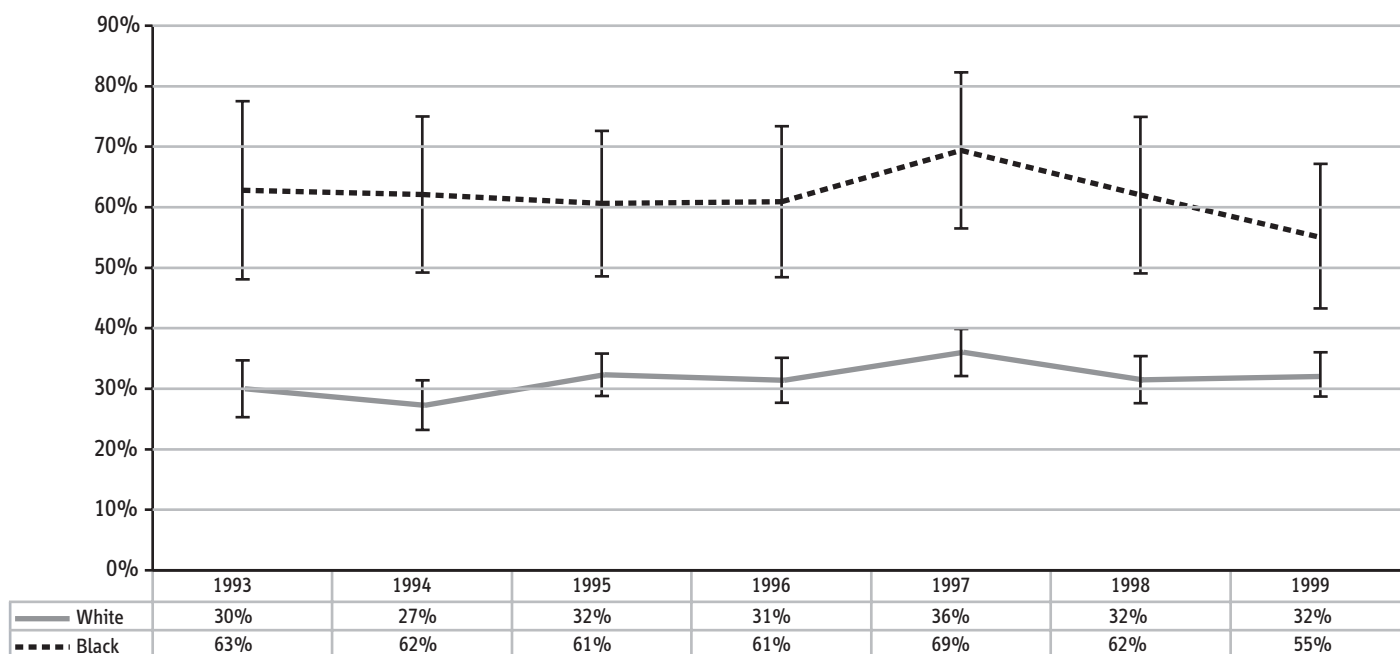
Desired Timing of Pregnancy for Women Delivering A Live Birth

PRAMS, New York State Excluding New York City, 1993-1999



Percent of Live Births Resulting from Unintended Pregnancies*

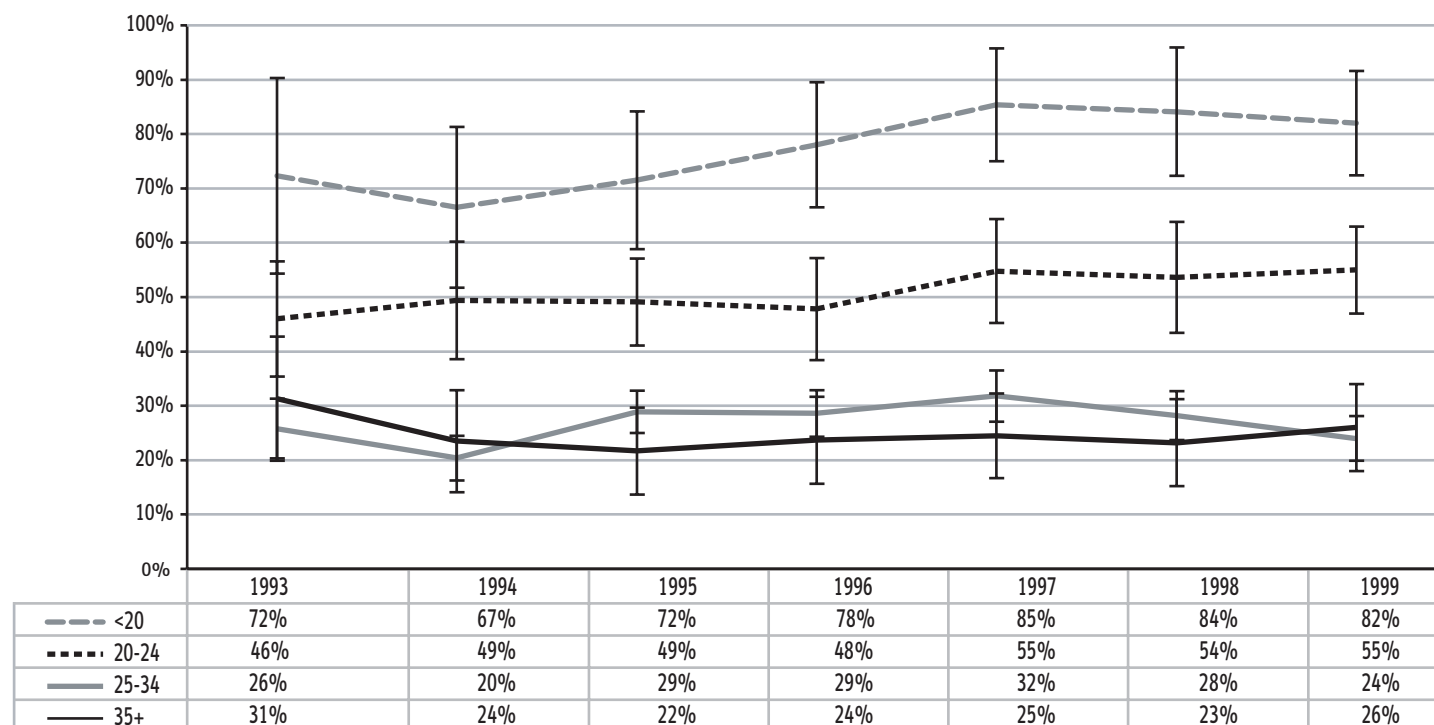
by Race, PRAMS, New York State Excluding New York City, 1993-1999



*Pregnancy wanted at a later time or not wanted at any time

Percent of Live Births Resulting from Unintended Pregnancies*

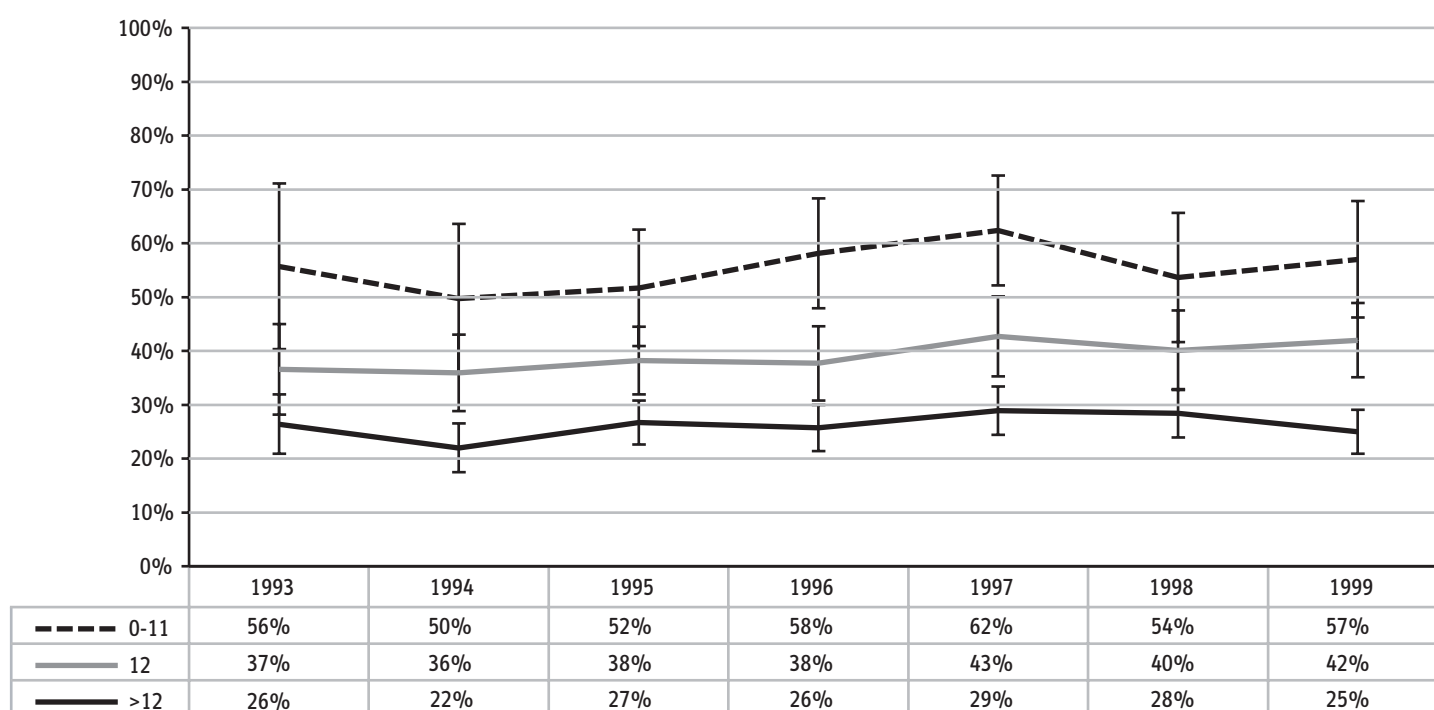
by Mother's Age, PRAMS, New York State Excluding New York City, 1993-1999



*Pregnancy wanted at a later time or not wanted at any time

Percent of Live Births Resulting from Unintended Pregnancies*

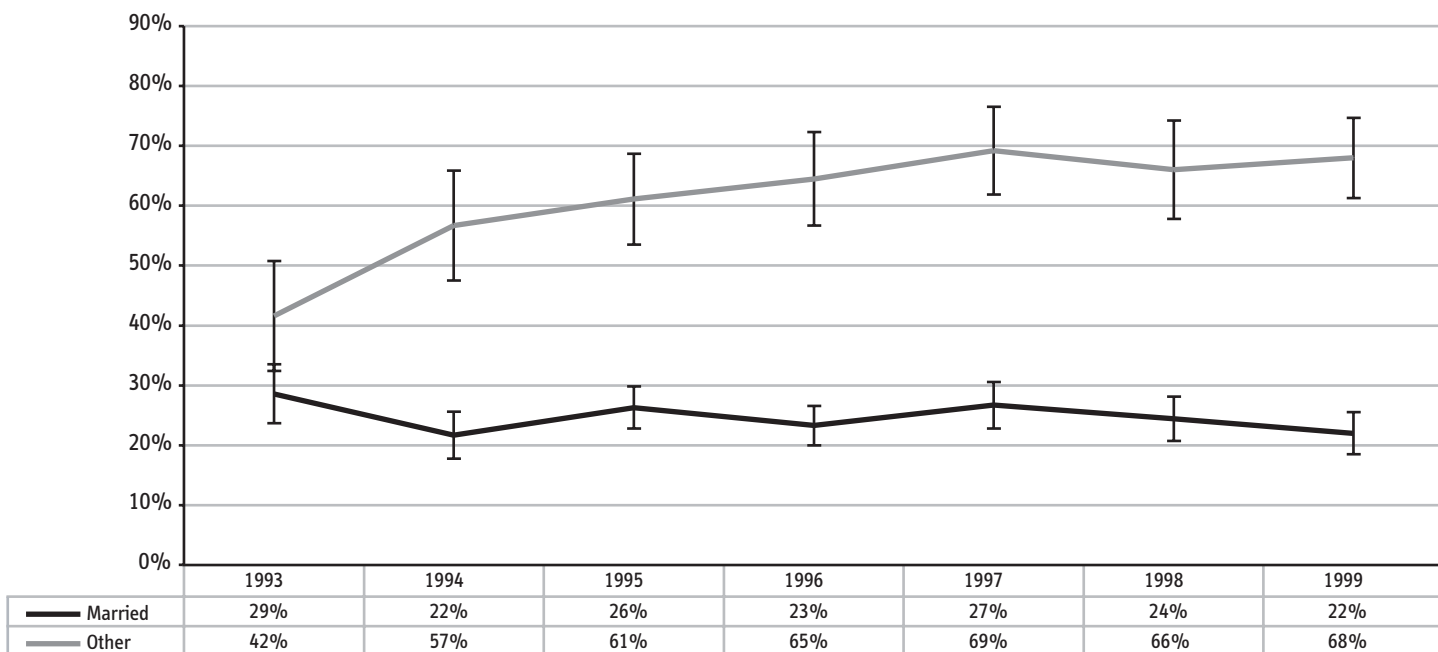
by Mother's Education, PRAMS, New York State Excluding New York City, 1993-1999



*Pregnancy wanted at a later time or not wanted at all

Percent of Live Births Resulting from Unintended Pregnancies*

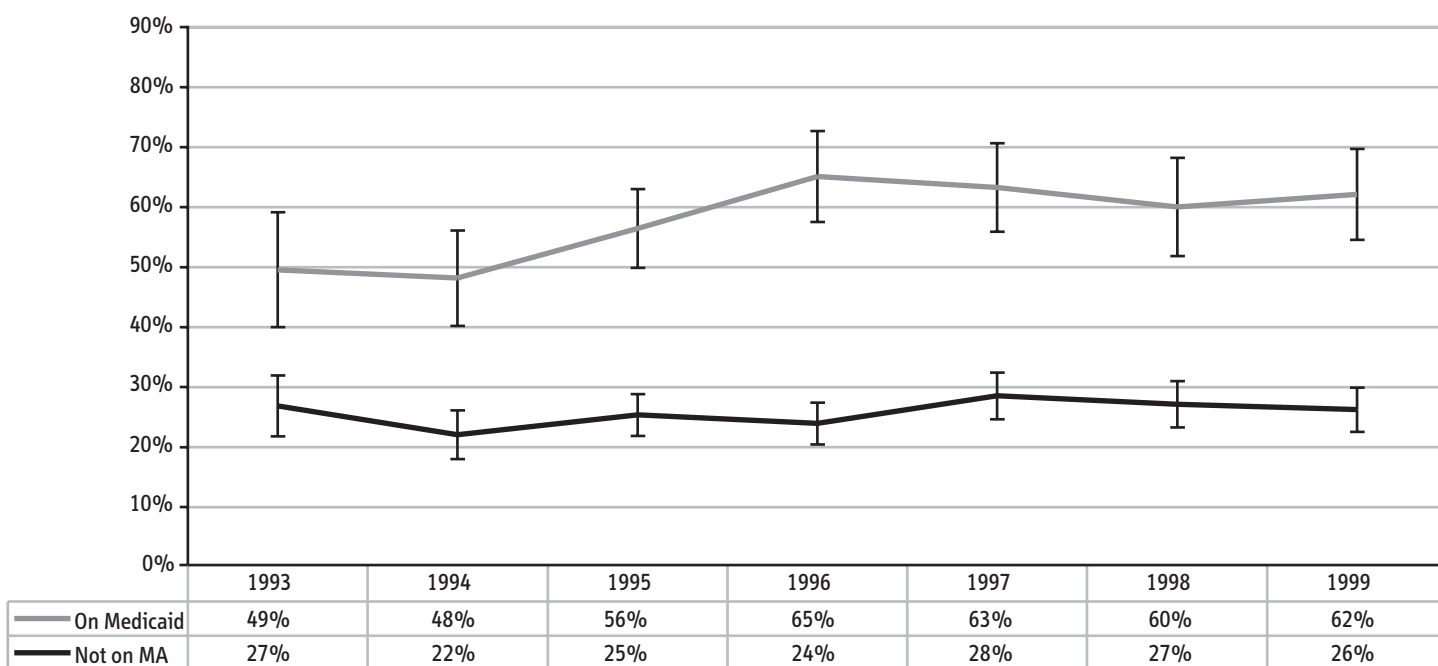
by Marital Status, PRAMS, New York State Excluding New York City, 1993-1999



*Pregnancy wanted at a later time or not wanted at any time

Percent of Live Births Resulting from Unintended Pregnancies*

by Medicaid Status, PRAMS, New York State Excluding New York City, 1993-1999



*Pregnancy wanted at a later time or not wanted at any time

Birth Control Use at Time of Pregnancy



Many factors contribute to high rates of unintended pregnancies. Among the most obvious are failure to use a method of contraceptive consistently or correctly and technical failure of the method used.

Data Highlights

- Of the women with an unintended pregnancy in 1999, 67 percent reported that they were not using a method of contraception when they became pregnant. Reasons given for not using birth control include: “didn’t want to use birth control” (23%), “having side effects” (22%), “did not think they could get pregnant” (21%), and “husband/partner didn’t want me to use birth control” (8%).
- Among “other” reasons for not using a contraceptive method reported in 1999 were “religion,” “just had a baby,” “running out of,” “forgetting,” “could not afford” their usual method or using their method “occasionally” or “not consistently.”

Prevalence of Women with Unintended Pregnancy Using Birth Control at Time of Conception

by Selected Characteristics, PRAMS, New York State Excluding New York City, 1996-1999

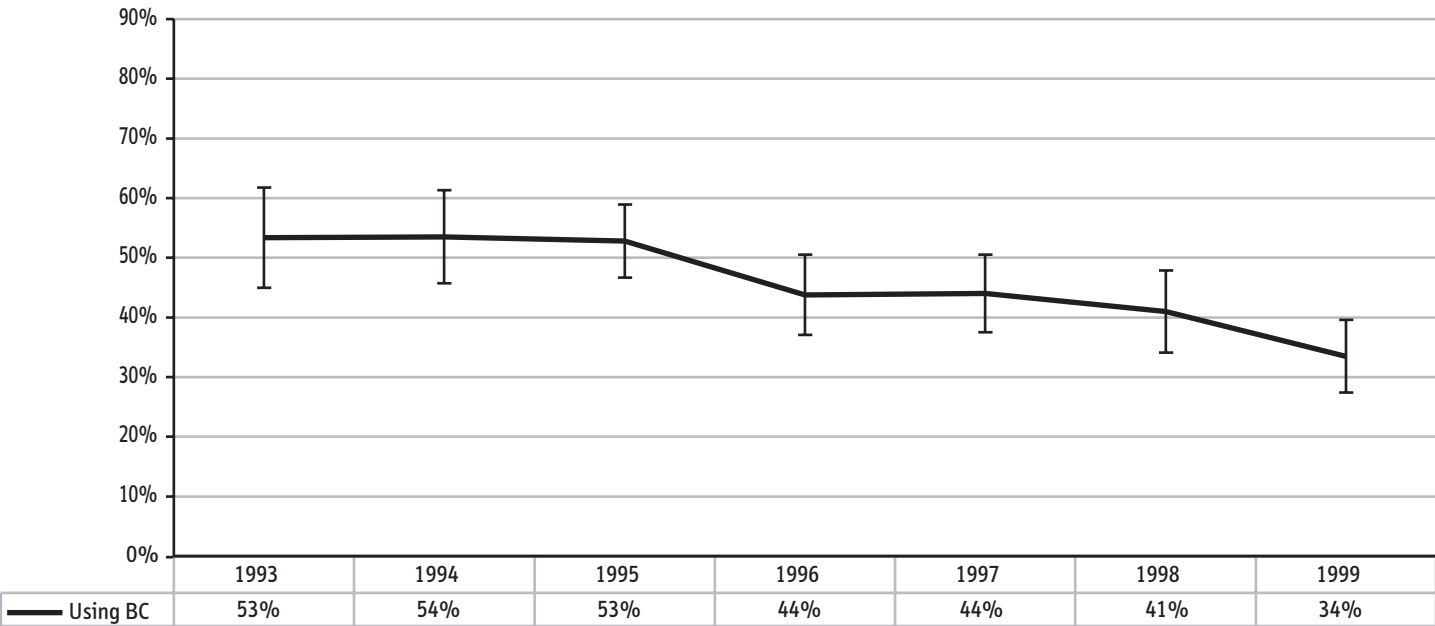
Maternal Characteristics	1996 % (CI)	1997 % (CI)	1998 % (CI)	1999 % (CI)	P value for trend ##
Total	43.8 ± 6.6	44.0 ± 6.5	41.2 ± 6.1	33.5 ± 6.1	.02
Race					
White	18.6 ± 3.0	22.0 ± 3.4	18.1 ± 3.1	19.1 ± 3.1	
Black	32.7 ± 12.0	24.7 ± 11.0	38.4 ± 12.7	29.1 ± 10.4	
Other	19.6 ± 17.0	21.4 ± 18.5	10.9 ± 13.5	16.2 ± 13.8	
Age					
<20 years old	30.7 ± 12.7	34.9 ± 13.7	36.3 ± 15.3	31.6 ± 11.5	
20-24 years old	26.3 ± 8.1	31.2 ± 9.1	33.1 ± 9.3	28.2 ± 8.1	
25-34 years old	18.3 ± 3.6	19.2 ± 3.8	16.4 ± 3.6	15.4 ± 3.4	
≥ 35 years old	16.1 ± 6.7	18.6 ± 6.9	13.9 ± 6.3	20.0 ± 6.8	
Education					
0-11 years	22.2 ± 7.9	32.9 ± 9.4	29.8 ± 10.1	29.0 ± 9.4	
12 years	22.4 ± 5.7	23.7 ± 6.1	25.4 ± 6.3	22.4 ± 5.5	
>12 years	18.2 ± 3.7	18.1 ± 3.7	14.7 ± 3.5	16.0 ± 3.3	
Marital Status					
Married	16.2 ± 2.9	16.9 ± 3.1	14.4 ± 2.9	15.9 ± 2.9	
Other	30.6 ± 7.1	36.2 ± 7.4	35.6 ± 7.9	29.8 ± 6.6	
Medicaid Status					
On Medicaid	31.7 ± 6.8	33.6 ± 7.0	32.8 ± 7.5	29.1 ± 6.8	
Not on Medicaid	15.7 ± 3.0	17.6 ± 3.3	15.6 ± 3.1	16.6 ± 3.0	

* An unintended pregnancy includes women stating they wanted to be pregnant later, or did not want to be pregnant at that time or at any time in the future.

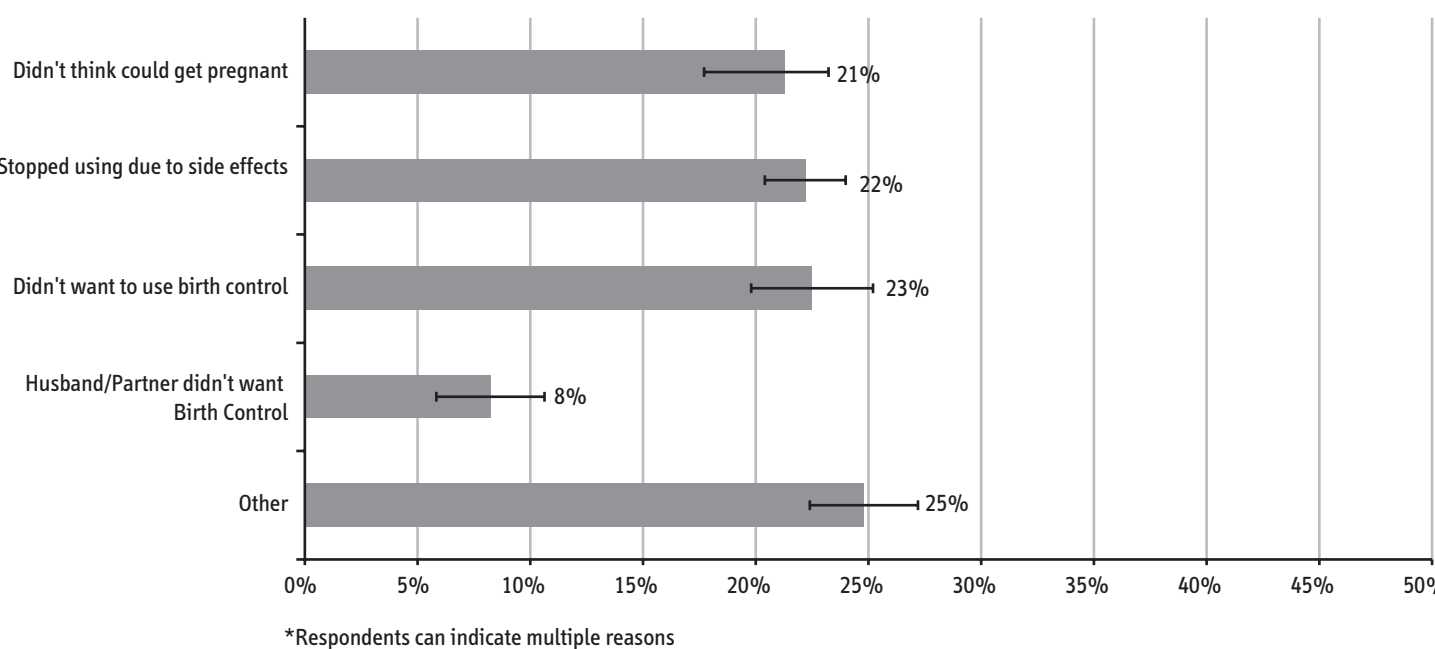
** Number of respondents is less than 30. Estimates based on such a small sample are imprecise and may be biased. Therefore findings in this category are not reported.

Based on a test for linear trend using logistic regression.

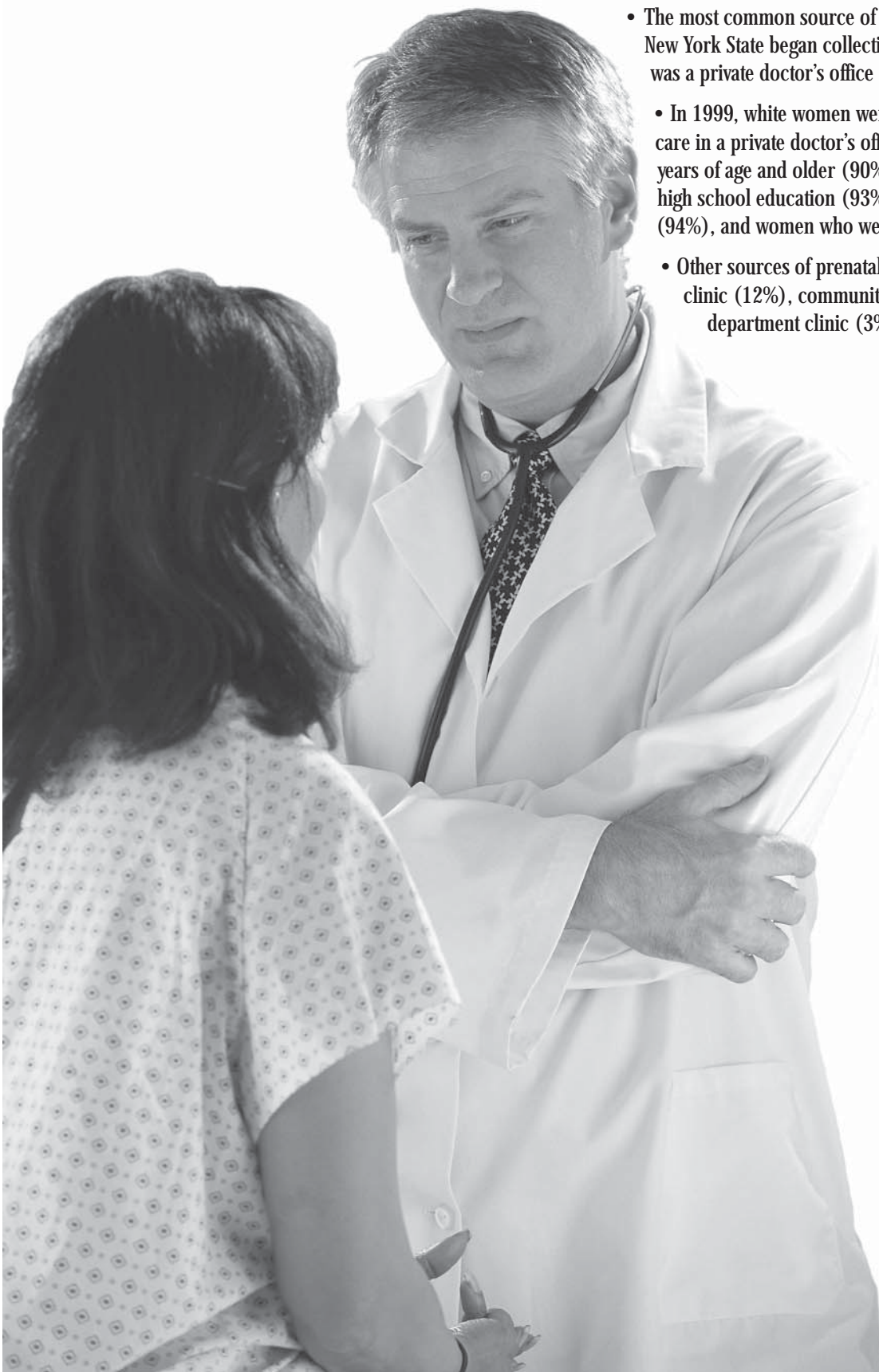
Women with Unintended Pregnancy Using Birth Control When They Got Pregnant PRAMS, New York State Excluding New York City, 1993 - 1999



Reasons for Not Using Contraception* Among Mothers with an Unintended Pregnancy PRAMS, New York State Excluding New York City, 1999



Prenatal Care – Sources



- The most common source of prenatal care in each year since New York State began collecting data for PRAMS (1993-1999) was a private doctor's office (75% or more each year).
- In 1999, white women were most likely to receive prenatal care in a private doctor's office (87%), as were women 25 years of age and older (90%), women who had more than a high school education (93%), women who were married (94%), and women who were not on Medicaid (93%).
- Other sources of prenatal care in 1999 included hospital clinic (12%), community health center (5%), and health department clinic (3%).

Prevalence of Women Obtaining Prenatal Care from an MD/HMO

by Selected Characteristics, PRAMS, New York State Excluding New York City, 1996 - 1999

Maternal Characteristics	1996 % (95% CI)	1997 % (95% CI)	1998 % (95% CI)	1999 % (95% CI)	P value for trend##
Total	75.3 ± 3.3	75.5 ± 3.3	74.8 ± 3.5	76.5 ± 3.1	.69
Race					
White	78.3 ± 3.3	79.4 ± 3.3	77.7 ± 3.5	87.3 ± 2.9	
Black	46.1 ± 12.7	40.1 ± 13.1	57.6 ± 13.1	57.6 ± 12.9	
Other	**	**	**	**	
Age					
<20	43.3 ± 14.3	47.5 ± 14.9	43.3 ± 15.9	51.7 ± 13.5	
20-24	58.2 ± 9.0	61.3 ± 9.6	58.4 ± 9.8	71.4 ± 9.0	
25-34	80.0 ± 3.9	80.5 ± 4.1	80.6 ± 3.9	90.2 ± 3.1	
≥35	87.0 ± 6.5	84.3 ± 6.3	84.9 ± 6.5	89.1 ± 6.1	
Education					
0-11 years	41.7 ± 9.6	32.0 ± 9.6	43.1 ± 11.2	54.1 ± 11.4	
12 years	76.3 ± 5.9	73.1 ± 6.5	66.8 ± 6.9	80.8 ± 5.7	
> 12 years	84.3 ± 3.5	89.8 ± 2.9	87.9 ± 3.1	92.7 ± 2.4	
Marital Status					
Married	85.2 ± 2.9	85.4 ± 2.9	83.7 ± 3.1	93.7 ± 1.9	
Other	47.9 ± 7.8	50.0 ± 7.8	51.1 ± 8.2	56.7 ± 7.8	
Medicaid					
On Medicaid	37.9 ± 7.3	40.0 ± 7.4	40.3 ± 7.8	54.2 ± 8.2	
Not on Medicaid	88.8 ± 2.5	90.0 ± 2.7	87.4 ± 2.7	92.8 ± 2.4	

** Number of respondents is less than 30. Estimates based on such a small sample are imprecise and may be biased.

Therefore findings in this category are not reported.

Based on a test of linear trend using logistic regression.

Prevalence of Women Obtaining Prenatal Care from a Hospital Clinic

by Selected Characteristics, PRAMS, New York State Excluding New York City, 1996 - 1999

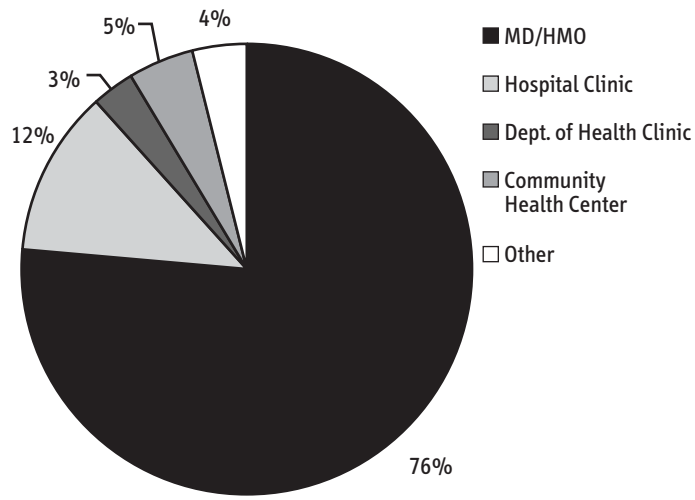
Maternal Characteristics	1996 % (95% CI)	1997 % (95% CI)	1998 % (95% CI)	1999 % (95% CI)	P value for trend##
Total	10.2 ± 3.4	10.6 ± 3.4	10.4 ± 1.3	12.0 ± 2.5	.34
Race					
White	8.7 ± 3.4	8.0 ± 2.2	9.0 ± 2.3	10.6 ± 2.5	
Black	24.0 ± 11.2	34.0 ± 13.1	20.9 ± 11.2	34.6 ± 12.5	
Other	**	**	**	**	
Age					
<20	15.5 ± 9.6	**	**	35.2 ± 12.9	
20-24	22.1 ± 7.8	19.9 ± 7.6	19.7 ± 7.8	22.9 ± 8.4	
25-34	8.3 ± 2.7	8.1 ± 2.9	8.6 ± 3.1	8.5 ± 2.9	
≥ 35	**	**	**	8.6 ± 5.5	
Education					
0-11 years	21.7 ± 8.0	31.8 ± 9.6	22.6 ± 9.4	33.3 ± 10.8	
12 years	13.3 ± 4.7	13.2 ± 4.9	17.6 ± 5.7	16.4 ± 5.3	
> 12 years	5.2 ± 2.2	2.9 ± 1.6	3.2 ± 1.6	6.3 ± 2.2	
Marital Status					
Married	5.6 ± 1.9	6.8 ± 2.2	6.2 ± 2.4	5.3 ± 2.0	
Other	22.6 ± 6.5	20.7 ± 6.5	21.6 ± 6.9	34.2 ± 7.4	
Medicaid					
On Medicaid	27.4 ± 6.9	26.8 ± 6.7	28.6 ± 7.4	35.3 ± 7.8	
Not on Medicaid	3.9 ± 1.6	4.1 ± 1.8	3.8 ± 1.6	6.3 ± 2.2	

** Number of respondents is less than 30. Estimates based on such a small sample are imprecise and may be biased. Therefore findings in this category are not reported.

Based on a test of linear trend using logistic regression.

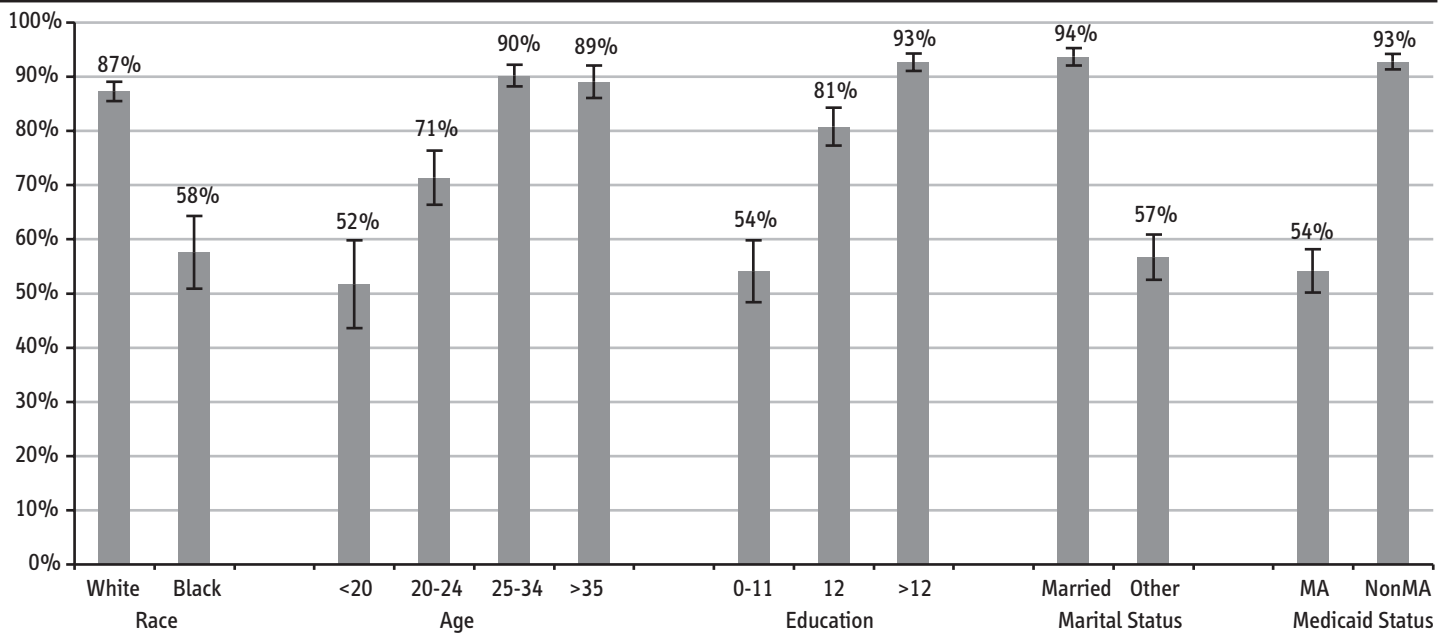
Source of Prenatal Care

PRAMS 1999, New York State Excluding New York City



Percent of Women Obtaining Prenatal Care from an MD/HMO

by Selected Characteristics, PRAMS, New York State Excluding New York City, 1999



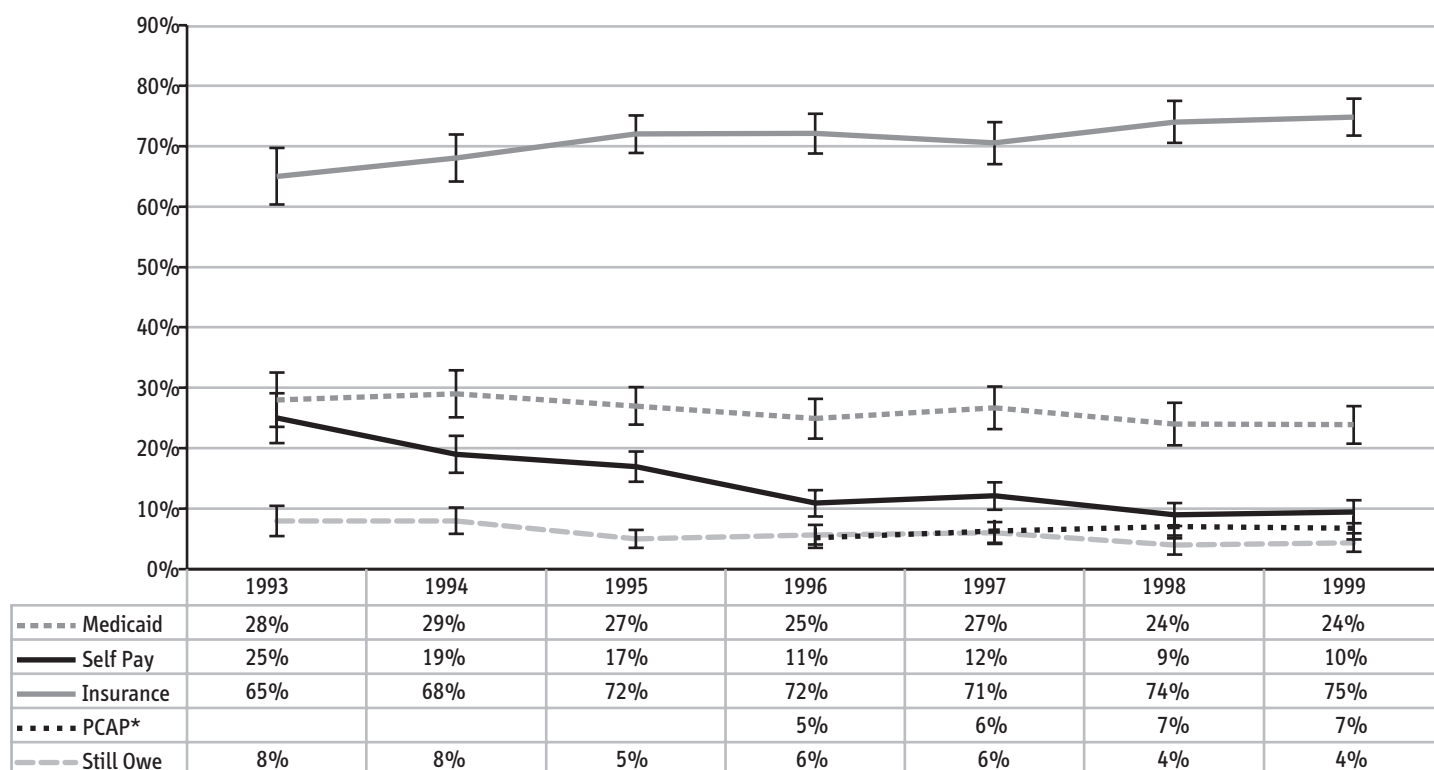
Prenatal Care – Payment Method



- For most women in 1999 (75%), private insurance paid at least a portion of their prenatal care (a woman may use multiple sources of payment). Nearly one quarter (24%) reported that Medicaid paid for their prenatal care. Other payment options included self-payment with personal income (10%) and the Prenatal Care Assistance Program (PCAP) (7%). A small proportion of women (4%) reported still owing payments for their prenatal care.
- In the period between 1993 and 1999, the cost of prenatal care has increasingly been covered by insurance (65% in 1993 vs. 75% in 1999). A decreasing proportion of mothers have had to rely on personal income to pay for their prenatal care (25% in 1993 vs. 10% in 1999).

Distribution of Payment Method for Prenatal Care

PRAMS, New York State Excluding New York City, 1993-1999



*1993-1995 PCAP and Medicaid are combined

Note: Mothers were allowed to choose more than one "source of payment."

Prenatal Care – Educational Content

- Most women receive educational information on nutrition, smoking, drinking, and HIV testing from their health care provider during the course of prenatal care. In 1999, approximately three-quarters of women reported receiving prenatal education regarding tobacco and alcohol use during pregnancy and 85 percent reported having a discussion with their health care provider about what to eat during pregnancy.
- A closer look at the proportion of women receiving educational information during prenatal care by demographic characteristics in 1999, shows substantial variations that are consistent across the different educational areas. Women who are younger, less educated, unmarried, black and on Medicaid are more likely to receive prenatal education than their counterparts.
- Discussion about the importance of HIV testing was the educational area that improved the most. In 1993, only 55 percent of women responding to the survey reported that a health care provider talked about HIV testing compared with 66 percent in 1996 and 88 percent in 1999. The increase was most noticeable among white women (from 64% in 1996 to 88% in 1999), women between the ages of 25 and 34 years (from 63% in 1996 to 89% in 1999), women with greater than a high school education (from 60% in 1996 to 85% in 1999), married women (from 57% in 1996 to 85% in 1999) and non-Medicaid women (from 56% in 1996 to 86% in 1999).
- Education about HIV testing makes a difference. In 1999, 88 percent of mothers reported that their health care provider discussed getting their blood tested for HIV. Of these, 85 percent were tested for HIV. In comparison, of the 12 percent who reported that their provider did not discuss HIV testing, only 46 percent of were tested.

Prevalence of Nutrition* Education During Pregnancy

by Health Care Provider by Selected Characteristics, PRAMS, New York State Excluding New York City, 1996 - 1999

Maternal Characteristics	1996 % (95%CI)	1997 % (95%CI)	1998 % (95%CI)	1999 % (95%CI)	P value for trend ##
Total	86.1 ± 2.5	85.3 ± 2.7	87.4 ± 2.4	85.2 ± 2.5	.94
Race					
White	85.7 ± 2.7	85.4 ± 2.7	85.7 ± 2.5	85.2 ± 2.5	
Black	91.7 ± 7.1	83.2 ± 11.4	97.0 ± 2.9	89.7 ± 6.7	
Other	**	**	92.3 ± 9.6	66.6 ± 20.4	
Age					
<20 years old	96.7 ± 3.5	92.5 ± 7.6	94.6 ± 6.7	94.6 ± 5.3	
20-24 years old	82.3 ± 7.1	81.7 ± 7.3	93.1 ± 4.3	86.4 ± 6.1	
25-34 years old	86.2 ± 3.1	86.6 ± 3.3	86.9 ± 2.9	84.4 ± 3.3	
≥35 years old	84.9 ± 6.3	81.4 ± 6.7	79.2 ± 6.9	81.9 ± 6.3	
Education					
0-11 years	87.1 ± 6.9	87.2 ± 7.3	93.4 ± 4.9	89.0 ± 6.9	
12 years	85.4 ± 4.7	83.6 ± 5.3	92.2 ± 3.3	90.5 ± 3.7	
> 12 years	86.2 ± 3.1	85.7 ± 3.3	82.9 ± 3.5	81.0 ± 3.5	
Marital Status					
Married	85.4 ± 2.7	85.1 ± 2.9	84.8 ± .7	83.4 ± 2.9	
Other	87.8 ± 5.1	85.9 ± 5.7	94.2 ± 3.3	89.6 ± 4.3	
Medicaid Status					
On Medicaid	87.4 ± 5.1	87.2 ± 5.3	93.0 ± 3.7	90.8 ± 4.3	
Not on Medicaid	85.6 ± 2.7	84.5 ± 3.1	85.2 ± 2.7	83.2 ± 5.9	

* During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about... "What you should eat during your pregnancy"

** Number of respondents is less than 30. Estimates based on such a small sample are imprecise and may be biased. Therefore findings in this category are not reported.

Based on a test of linear trend using logistic regression.

Prevalence of Alcohol Use* Education During Pregnancy

by Health Care Provider by Selected Characteristics, PRAMS, New York State Excluding New York City, 1996 - 1999

Maternal Characteristics	1996 % (95%CI)	1997 % (95%CI)	1998 % (95%CI)	1999 % (95%CI)	P value for trend ##
Total	76.8 ± 2.9	74.7 ± 3.1	75.0 ± 3.1	75.4 ± 3.1	.58
Race					
White	76.2 ± 3.1	74.7 ± 3.3	71.9 ± .3	74.4 ± 3.3	
Black	83.4 ± 9.0	78.1 ± 12.2	93.3 ± 5.5	84.3 ± 8.4	
Other	**	**	**	74.8 ± 19.3	
Age					
<20 years old	91.1 ± 7.1	90.1 ± 8.4	87.1 ± 10.4	84.7 ± 9.4	
20-24 years old	78.2 ± 7.4	78.3 ± 7.8	84.8 ± 6.5	80.0 ± 6.9	
25-34 years old	76.4 ± 3.7	73.1 ± 4.3	74.3 ± 3.9	75.7 ± 3.9	
≥35 years old	71.2 ± 7.8	69.8 ± .8	60.4 ± 8.6	64.8 ± 7.8	
Education					
0-11 years	90.3 ± 5.1	82.3 ± 8.0	87.1 ± 7.3	80.9 ± 8.4	
12 years	73.9 ± 5.9	76.6 ± 6.1	77.2 ± 5.5	83.5 ± 4.9	
> 12 years	74.5 ± 4.1	71.3 ± 4.3	70.3 ± 5.5	69.2 ± 4.1	
Marital Status					
Married	72.4 ± 3.5	71.8 ± 3.7	71.5 ± 3.7	72.5 ± 3.5	
Other	88.5 ± 4.9	82.1 ± 6.1	84.0 ± 5.7	82.5 ± 5.5	
Medicaid Status					
On Medicaid	87.7 ± 4.7	83.2 ± 5.9	84.1 ± 5.5	86.1 ± 5.1	
Not on Medicaid	72.8 ± 3.5	71.2 ± 3.9	71.5 ± 3.7	71.6 ± 3.5	

* During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about... "How drinking alcohol during pregnancy could affect your baby?"

** Number of respondents is less than 30. Estimates based on such a small sample are imprecise and may be biased. Therefore findings in this category are not reported.

Based on a test of linear trend using logistic regression.

Prevalence of Tobacco Use* Education During Pregnancy

by Health Care Provider by Selected Characteristics, PRAMS, New York State Excluding New York City, 1996 - 1999

Maternal Characteristics	1996 % (95%CI)	1997 % (95%CI)	1998 % (95%CI)	1999 % (95%CI)	P value for trend ##
Total	76.6 ± 2.9	74.9 ± 3.1	73.5 ± 3.1	77.2 ± 2.9	.96
Race					
White	76.2 ± 3.1	75.0 ± 3.3	70.3 ± 3.5	76.1 ± 3.1	
Black	83.7 ± 9.0	75.5 ± 12.3	93.9 ± 4.5	86.3 ± 7.6	
Other	**	**	**	75.9 ± 19.0	
Age					
<20 years old	91.7 ± 7.1	88.3 ± 9.0	87.9 ± 9.8	88.5 ± 8.8	
20-24 years old	80.4 ± .3	84.8 ± 6.5	85.5 ± 6.5	86.0 ± 5.7	
25-34 years old	75.9 ± 3.9	73.3 ± 4.3	71.9 ± 4.1	75.6 ± 3.9	
≥35 years old	69.2 ± 8.0	65.1 ± 8.0	59.6 ± 8.4	66.4 ± 7.8	
Education					
0-11 years	87.3 ± .3	86.4 ± 7.4	88.3 ± 6.9	91.2 ± 6.3	
12 years	79.7 ± 5.1	80.3 ± 5.7	77.6 ± 5.5	84.7 ± 4.9	
> 12 years	71.7 ± 4.3	68.4 ± .3	67.1 ± 4.3	68.8 ± 4.1	
Marital Status					
Married	71.7 ± 3.5	71.4 ± 3.7	67.5 ± 3.7	73.5 ± 3.5	
Other	89.7 ± 4.7	83.7 ± 5.9	89.5 ± 4.7	85.9 ± 5.1	
Medicaid Status					
On Medicaid	89.6 ± .3	86.0 ± 5.3	87.5 ± 4.9	88.9 ± 4.7	
Not on Medicaid	71.7 ± 3.7	70.4 ± 3.7	68.2 ± 3.7	72.9 ± 3.5	

* During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about... "How smoking during pregnancy could affect your baby?"

** Number of respondents is less than 30. Estimates based on such a small sample are imprecise and may be biased. Therefore findings in this category are not reported.

Based on a test of linear trend using logistic regression.

Prevalence of HIV Testing* Education During Pregnancy by Health Care Provider

by Selected Characteristics, PRAMS, New York State Excluding New York City, 1996 - 1999

Maternal Characteristics	1996 % (95%CI)	1997 % (95%CI)	1998 % (95%CI)	1999 % (95%CI)	P value for trend ##
Total	65.7 ± 3.3	81.7 ± 2.7	82.4 ± 2.7	88.4 ± 2.2	0.00
Race					
White	63.8 ± 3.5	81.2 ± 2.9	80.3 ± 2.9	88.2 ± 2.4	
Black	85.2 ± 8.6	87.8 ± 8.8	97.1 ± 4.3	93.4 ± 5.5	
Other	**	**	**	**	
Age					
<20 years old	94.5 ± 5.5	94.2 ± 6.3	93.4 ± 8.6	96.2 ± 4.3	
20-24 years old	76.2 ± 7.8	93.5 ± 4.1	90.3 ± 5.5	92.0 ± 4.9	
25-34 years old	62.6 ± 4.3	79.4 ± 3.7	81.4 ± 3.5	88.5 ± 2.9	
≥35 years old	54.9 ± 8.8	72.5 ± 7.6	71.7 ± 7.8	79.6 ± 6.7	
Education					
0-11 years	85.6 ± 6.5	95.2 ± 4.1	93.1 ± 5.5	94.0 ± 5.1	
12 years	66.0 ± 6.3	81.6 ± 5.5	87.0 ± 4.3	90.8 ± 3.5	
> 12 years	59.8 ± 4.7	77.8 ± 3.9	76.7 ± 3.9	85.4 ± 3.1	
Marital Status					
Married	57.0 ± 3.9	78.1 ± 3.5	78.7 ± 3.3	85.1 ± 2.9	
Other	88.8 ± 4.8	91.2 ± 4.2	92.0 ± 4.3	96.1 ± 2.7	
Medicaid Status					
On Medicaid	91.7 ± 3.7	93.1 ± 3.5	92.3 ± 4.1	96.0 ± 2.9	
Not on Medicaid	56.2 ± 4.1	77.1 ± 3.5	78.6 ± 3.3	85.6 ± 2.7	

* During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about... "Getting your blood tested for HIV (the virus that causes AIDS)."

** Number of respondents is less than 30. Estimates based on such a small sample are imprecise and may be biased. Therefore findings in this category are not reported.

Based on a test for linear trend using logistic regression.

Prevalence of Mothers Reporting that they had a Blood Test for HIV During their Most Recent Pregnancy or Delivery

by Selected Characteristics, PRAMS, New York State Excluding New York City, 1996 - 1999

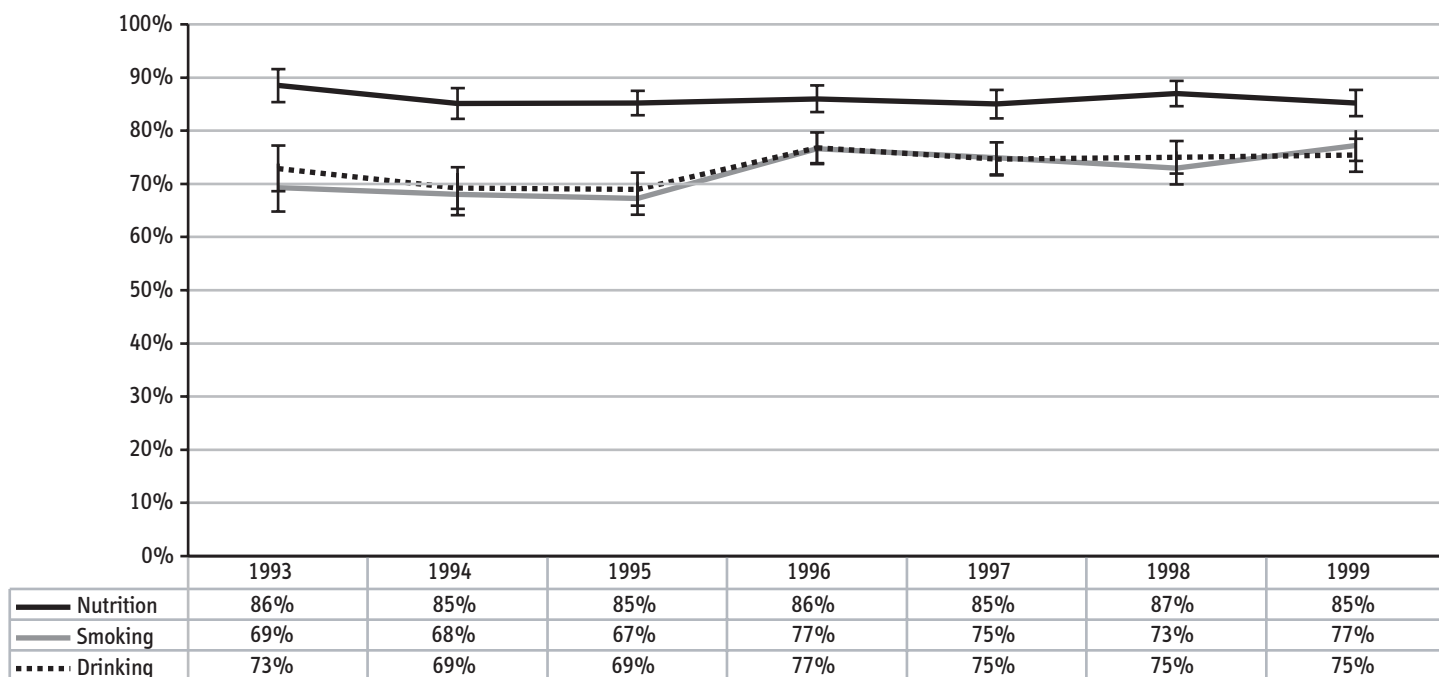
Maternal Characteristics	1996 % (95%CI)	1997 % (95%CI)	1998 % (95%CI)	1999 % (95%CI)	P value for trend ##
Total	58.6 ± 3.7	67.5 ± 3.5	70.3 ± 3.4	80.7 ± 2.7	0.00
Race					
White	56.3 ± 3.9	65.4 ± 3.7	68.1 ± 3.7	79.4 ± 3.1	
Black	78.8 ± 11.0	85.3 ± 9.8	84.2 ± 9.6	90.3 ± 6.3	
Other	**	**	**	83.7 ± 13.9	
Age					
<20 years old	87.5 ± 8.8	94.2 ± 7.4	95.3 ± 5.7	90.6 ± 6.7	
20-24 years old	70.0 ± 8.8	77.8 ± 8.0	86.6 ± 6.9	86.9 ± 6.3	
25-34 years old	54.3 ± 4.9	64.3 ± 4.7	64.0 ± 4.5	78.8 ± 3.7	
≥35 years old	50.1 ± 9.4	55.1 ± 9.0	64.1 ± 8.8	74.7 ± 7.4	
Education					
0-11 years	79.5 ± 7.8	84.0 ± 7.4	86.6 ± 7.3	88.5 ± 6.9	
12 years	58.8 ± 6.9	70.9 ± 6.7	71.7 ± 6.3	84.8 ± 4.9	
> 12 years	51.9 ± 5.1	60.0 ± 4.7	64.8 ± 4.5	76.1 ± 3.9	
Marital Status					
Married	49.6 ± 4.3	61.3 ± 4.1	62.7 ± 4.1	77.0 ± 3.3	
Other	80.6 ± 6.1	82.2 ± 5.9	89.7 ± 4.9	89.3 ± 4.7	
Medicaid Status					
On Medicaid	78.9 ± 6.1	81.3 ± 5.7	86.4 ± 5.5	89.9 ± 4.7	
Not on Medicaid	50.2 ± 4.3	61.3 ± 4.3	64.0 ± 4.1	77.3 ± 3.3	

** Number of respondents is less than 30. Estimates based on such a small sample are imprecise and may be biased. Therefore findings in this category are not reported.

Based on a test for linear trend using logistic regression.

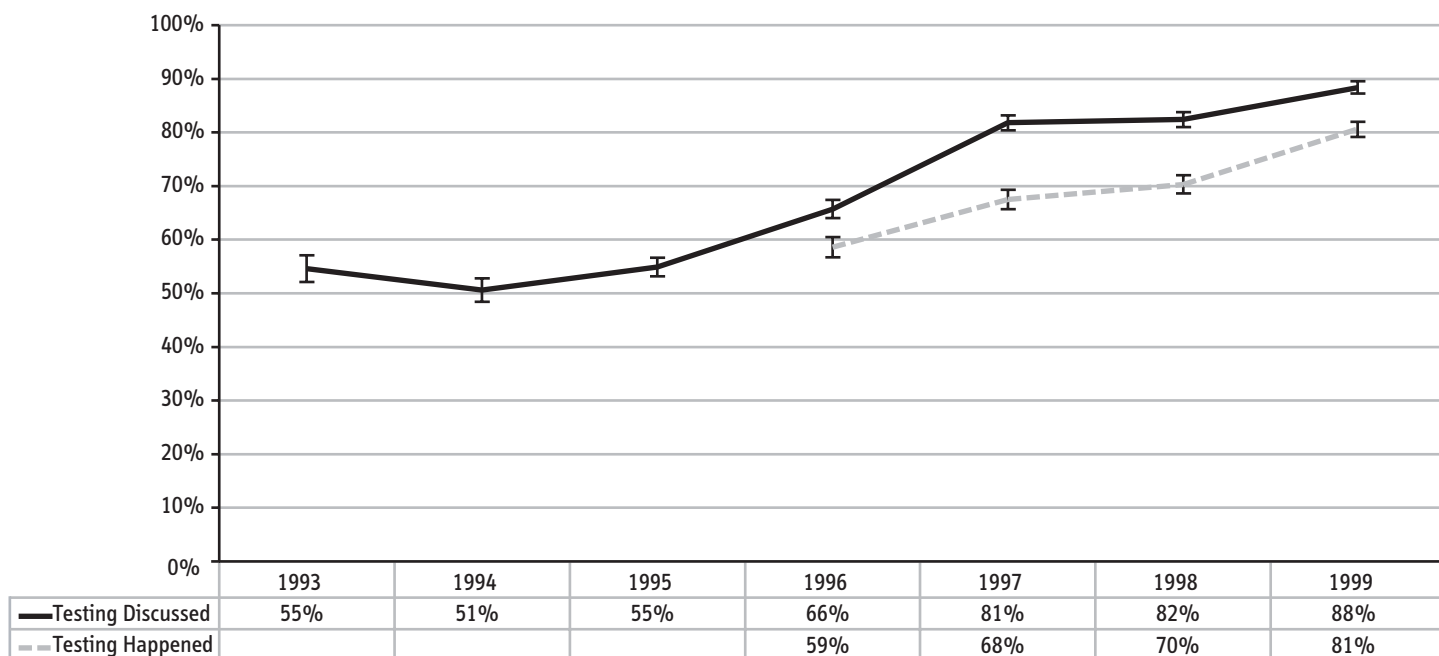
Selected Educational Components of Prenatal Care

PRAMS, New York State Excluding New York City, 1993 - 1999



HIV Testing: Prenatal Discussion vs. Test Completed*

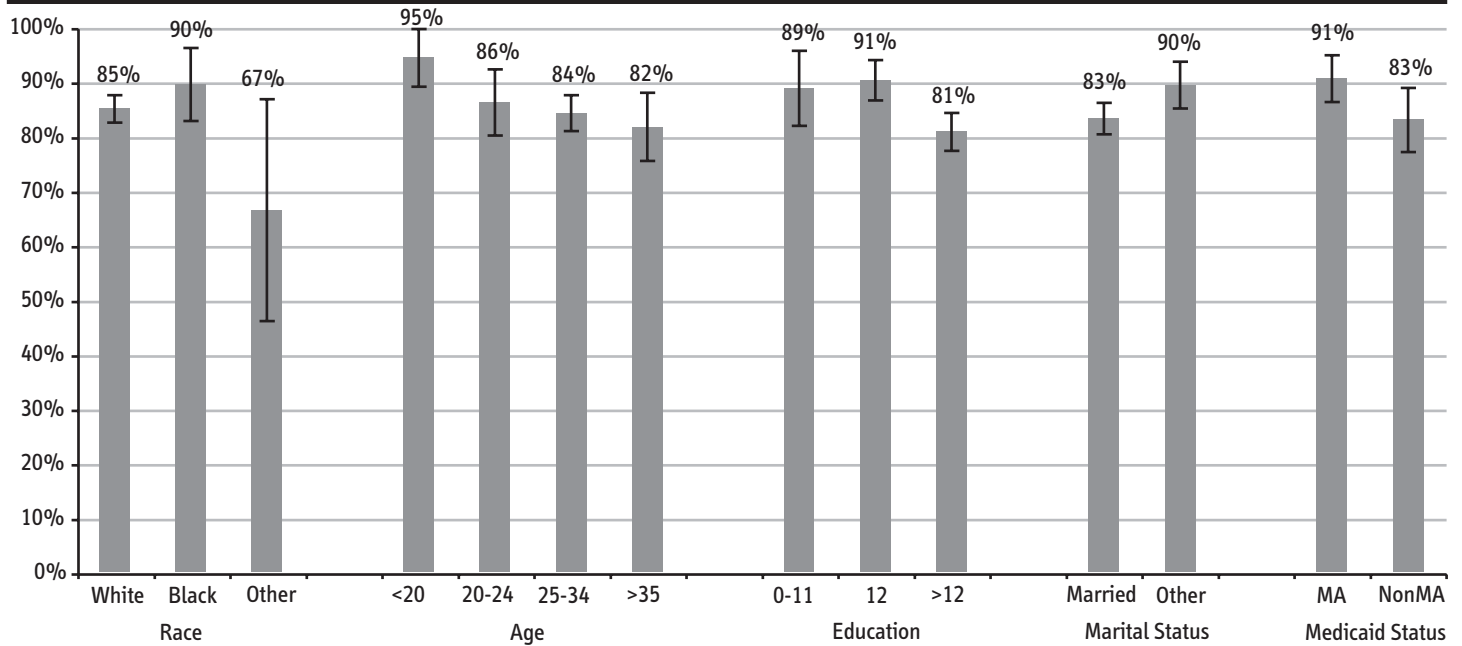
PRAMS, New York State Excluding New York City, 1993 - 1999



*"At any time during your most recent pregnancy or delivery, did you have a blood test for HIV" was not asked between 1993 and 1995.

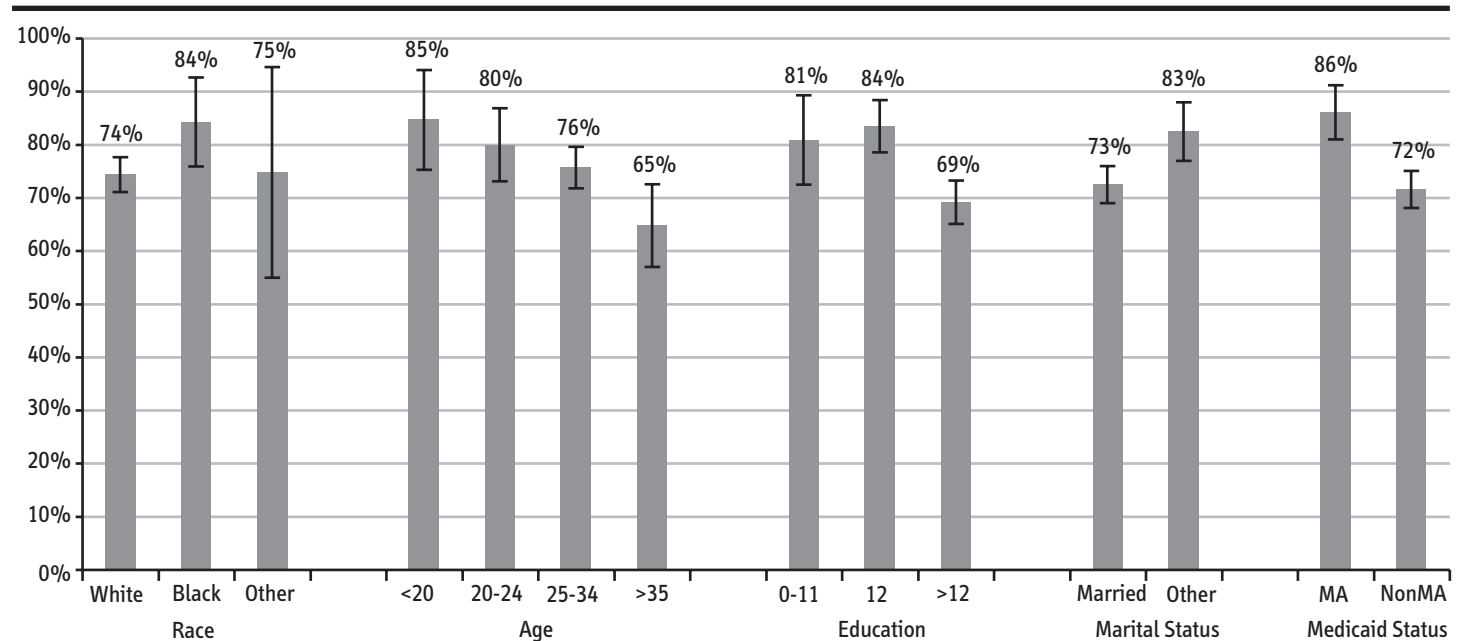
Prenatal Care Included: "What You Should Eat During Your Pregnancy"

by Selected Characteristics, PRAMS, New York State Excluding New York City, 1999



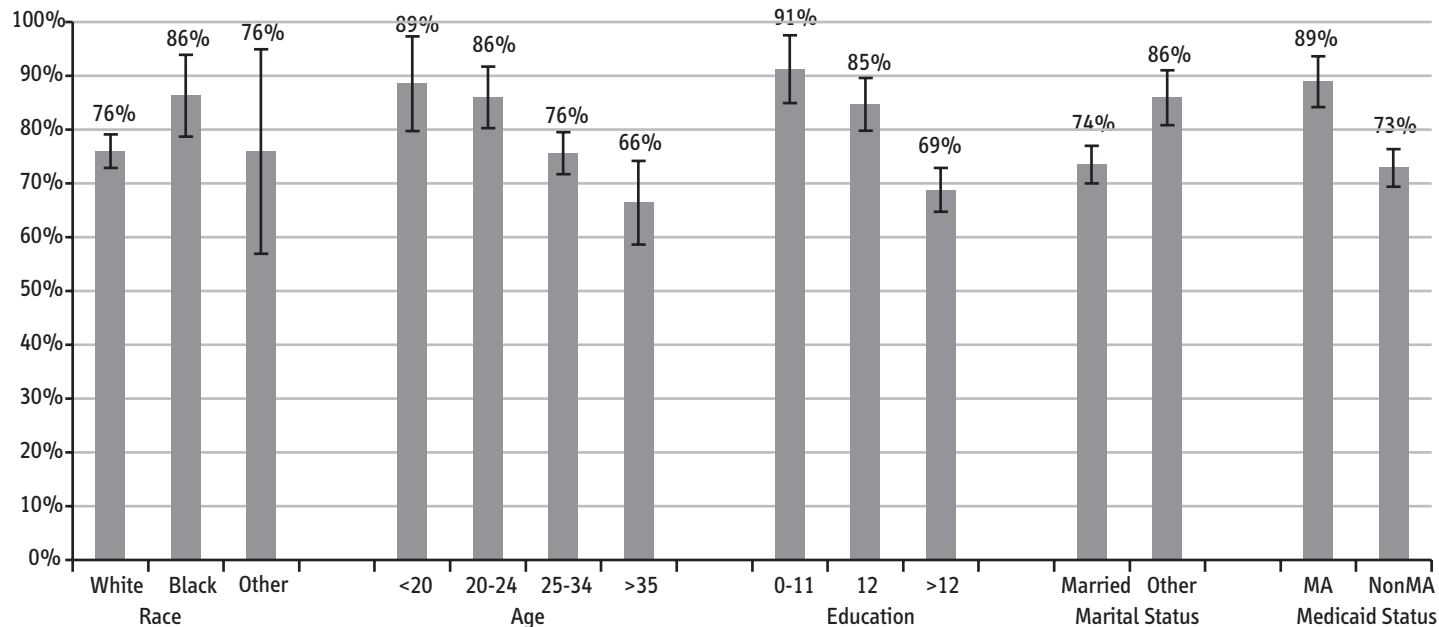
Prenatal Care Included: "How Drinking Alcohol During Pregnancy Could Affect Your Baby"

New York State Excluding New York City, 1999



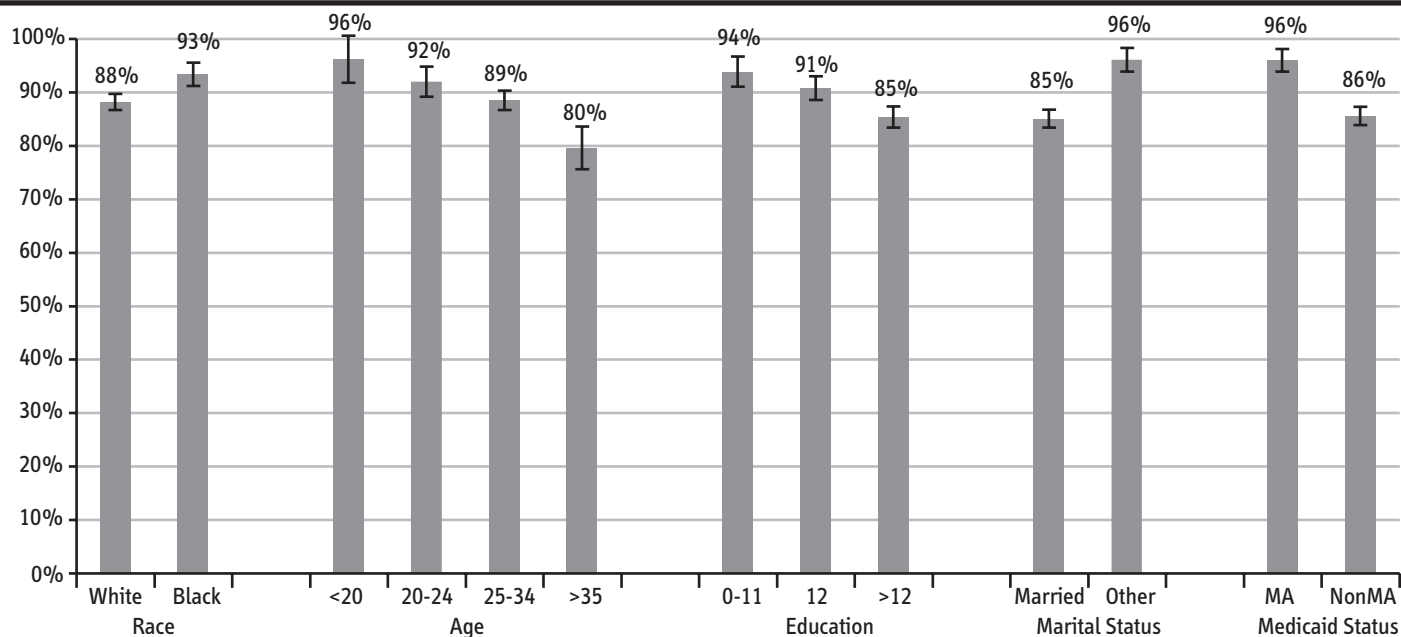
Prenatal Care Included: “How Smoking During Pregnancy Could Affect Your Baby”

by Selected Characteristics, PRAMS, New York State Excluding New York City, 1999



Prenatal Care Included a Discussion: “Getting Your Blood Tested for HIV”

by Selected Characteristics, PRAMS, New York State Excluding New York City, 1999



Knowledge of Folic Acid



Consuming adequate amounts of folic acid from one month before conception through the first three months of pregnancy is essential for preventing neural tube defects such as spina bifida. In 1991, the U.S. Public Health Service recommended that all women of childbearing age consume 400 micrograms of folic acid daily (CDC PRAMS 1997 Surveillance Report). Folic acid is found in fortified grain products, vitamin supplements and such folate-rich foods as orange juice, green vegetables, and beans. The New York State Department of Health initiated a public awareness campaign in 1996 that includes an annual folic acid awareness week in October and extensive distribution of educational materials.

Data Highlights

- The proportion of mothers who reported having heard or read about the importance of taking folic acid to prevent birth defects increased by 19 percent between 1996 and 1999 (from 68% to 81% respectively).
- In 1999, 83 percent of white mothers reported having heard or read about the importance of taking folic acid to prevent some birth defects, compared with 74 percent of black mothers. However, the increase in knowledge about the importance of folic acid use among black mothers was more dramatic with an increase from 54% in 1996 to 74% in 1999.
- Only 62 percent of mothers under 20 years of age were knowledgeable about folic acid in 1999 compared to 72 percent of mothers 20-24 years of age, 85 percent of mothers 25-34 years of age, and 89 percent of mothers 35 years of age or older.
- In 1999, the higher the level of education, the greater the likelihood that mothers had heard of the benefits of folic acid. Ninety-one percent of mothers with more than a high school education heard of the benefits of folic acid compared to 73 percent of mothers who completed the 12th grade and 65 percent of mothers with less than a high school education.

Prevalence of Mothers Who Have Ever Heard or Read that Taking the Vitamin Folic Acid Can Help Prevent Some Birth Defects

by Selected Characteristics, PRAMS, New York State Excluding New York City, 1996 - 1999

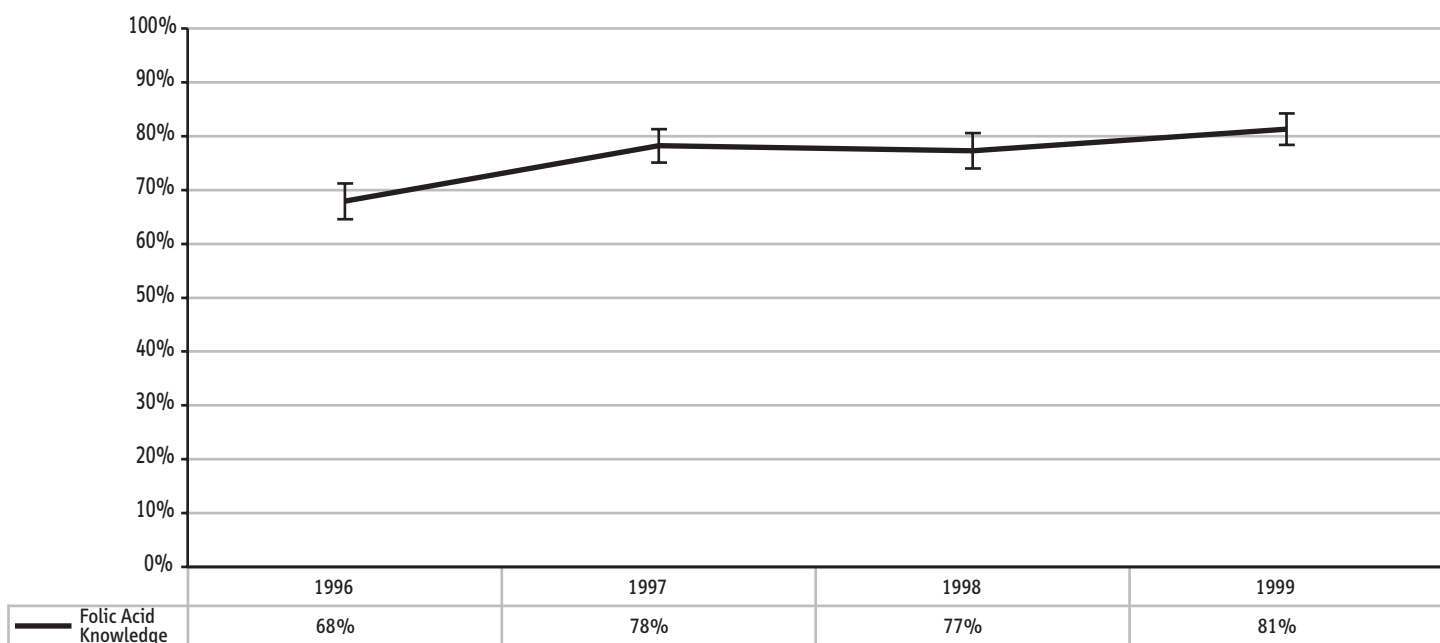
Maternal Characteristics	1996 % (95%CI)	1997 % (95%CI)	1998 % (95%CI)	1999 % (95%CI)	P value for trend##
Total	67.9 ± 3.3	78.2 ± 3.1	77.3 ± 3.3	81.3 ± 2.9	.00
Race					
White	69.9 ± 3.5	81.1 ± 3.1	80.0 ± 3.3	82.9 ± 2.9	
Black	53.5 ± 12.5	49.8 ± 13.7	59.5 ± 12.7	74.2 ± 9.8	
Other	**	**	**	59.4 ± 19.8	
Age					
< 20 years old	36.4 ± 13.1	50.0 ± 14.7	50.8 ± 15.9	62.1 ± 11.9	
20-24 years old	60.3 ± 8.8	71.3 ± 8.8	64.8 ± 9.4	72.1 ± 7.8	
25-34 years old	71.3 ± 4.3	83.2 ± 3.7	82.0 ± 3.7	85.1 ± 3.5	
≥35 years old	75.9 ± 7.8	80.7 ± 6.9	85.5 ± 7.1	88.5 ± 5.9	
Education					
0-11 years	48.5 ± 9.8	53.8 ± 10.2	50.8 ± 11.2	65.2 ± 9.8	
12 years	54.2 ± 6.7	71.6 ± 6.5	75.5 ± 6.1	72.8 ± 5.9	
> 12 years	81.2 ± 3.7	89.3 ± 2.9	85.6 ± 3.5	90.8 ± 2.5	
Marital Status					
Married	73.8 ± 3.5	84.8 ± 2.9	85.0 ± 2.9	87.4 ± 2.7	
Other	52.2 ± 7.6	61.2 ± 7.6	57.1 ± 8.0	66.7 ± 6.7	
Medicaid Status					
On Medicaid	46.2 ± 7.4	60.6 ± 7.3	55.4 ± 7.8	68.8 ± 6.9	
Not on Medicaid	76.1 ± 3.5	85.5 ± 3.1	85.6 ± 3.1	85.9 ± 2.9	

** Number of respondents is less than 30. Estimates based on such a small sample are imprecise and may be biased. Therefore findings in this category are not reported.

Based on a test for linear trend using logistic regression.

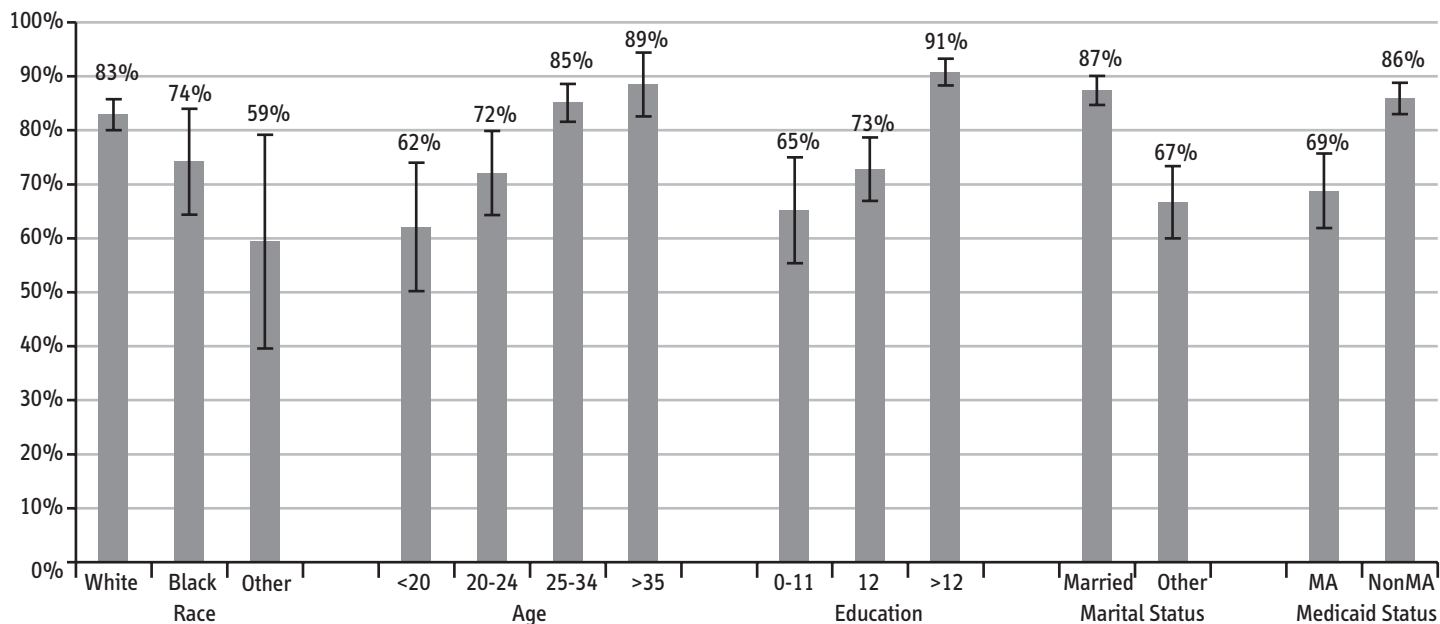
Percent of Mothers Who Have Heard of Read that Taking the Vitamin Folic Acid Can Help Prevent Some Birth Defects

New York State Excluding New York City, 1996-1999

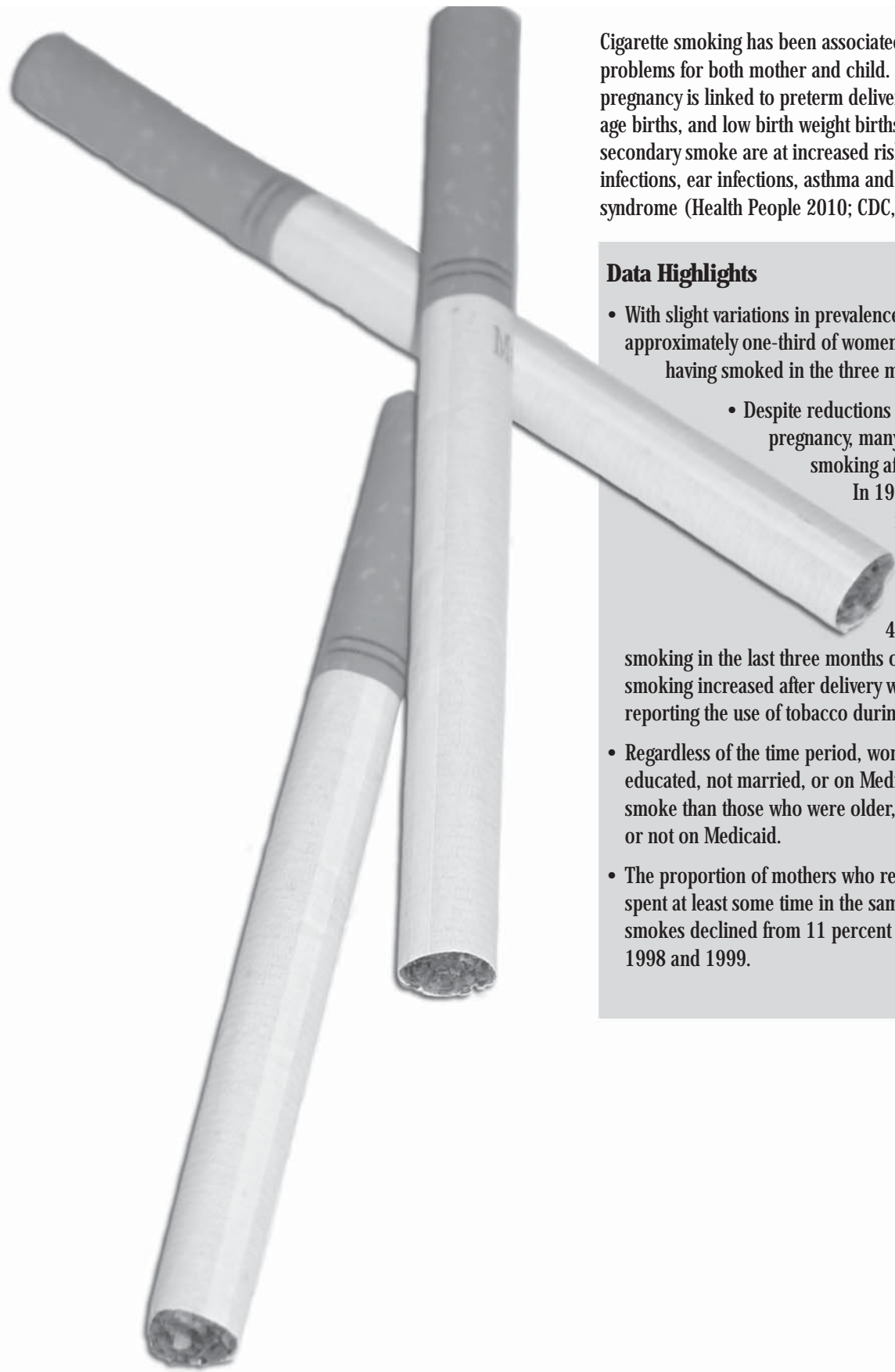


Mothers Who Have Heard that Folic Acid Can Help Prevent Some Birth Defects

by Selected Characteristics, PRAMS, New York State Excluding New York City, 1999



Smoking



Cigarette smoking has been associated with numerous health problems for both mother and child. Cigarette smoking during pregnancy is linked to preterm deliveries, small-for gestational age births, and low birth weight births. Children exposed to secondary smoke are at increased risk of lower respiratory infections, ear infections, asthma and sudden infant death syndrome (Health People 2010; CDC, 1997 Surveillance Report).

Data Highlights

- With slight variations in prevalence between 1993 and 1999, approximately one-third of women surveyed by PRAMS report having smoked in the three months before pregnancy.
 - Despite reductions in smoking during pregnancy, many mothers return to smoking after the birth of their child. In 1999, 28 percent of mothers reported smoking in the three months prior to pregnancy while only 16 percent (a decrease of 45%) of mothers reported smoking in the last three months of pregnancy. However, smoking increased after delivery with 23 percent of women reporting the use of tobacco during the months after delivery.
- Regardless of the time period, women who were young, less educated, not married, or on Medicaid were more likely to smoke than those who were older, more educated, married or not on Medicaid.
- The proportion of mothers who reported that their new baby spent at least some time in the same room with someone who smokes declined from 11 percent in 1996 to 7 percent in 1998 and 1999.

Prevalence of Mothers Smoking During Three Months Before Pregnancy

by Selected Characteristics, PRAMS, New York State Excluding New York City, 1996 - 1999

Maternal Characteristics	1996 % (95%CI)			1997 % (95%CI)			1998 % (95%CI)			1999 % (95%CI)			P value for trend ##
Total	29.1	±	3.3	32.1	±	3.5	28.0	±	3.5	28.0	±	3.3	0.35
Race													
White	30.3	±	3.5	32.8	±	3.7	28.0	±	3.5	28.8	±	3.5	
Black	20.2	±	10.2	33.2	±	13.5	29.1	±	12.7	22.2	±	10.2	
Other		**			**			**			**		
Age													
< 20 years old	40.5	±	13.7	41.3	±	15.3	54.0	±	6.7	48.0	±	12.7	
20-24 years old	35.2	±	8.8	52.6	±	9.4	34.8	±	9.4	40.1	±	8.8	
25-34 years old	29.0	±	4.3	26.7	±	4.3	26.3	±	4.3	23.9	±	4.1	
≥ 35 years old	18.5	±	6.7	26.8	±	7.4	15.7	±	6.7	18.8	±	6.7	
Education													
0-11 years	39.1	±	9.6	48.9	±	10.6	40.3	±	11.0	39.3	±	10.6	
12 years	41.4	±	6.7	41.1	±	7.1	38.8	±	7.1	39.5	±	6.7	
> 12 years	19.4	±	3.7	22.3	±	3.9	18.6	±	3.7	18.4	±	3.5	
Marital Status													
Married	23.7	±	3.3	24.3	±	3.5	22.4	±	3.5	20.6	±	3.3	
Other	43.7	±	7.6	53.5	±	8.0	43.7	±	8.5	46.4	±	7.3	
Medicaid Status													
On Medicaid	41.5	±	7.4	46.7	±	7.6	40.3	±	8.0	45.2	±	6.7	
Not on Medicaid	24.5	±	3.5	26.4	±	3.7	23.6	±	3.7	21.9	±	3.3	

** Number of respondents is less than 30. Estimates based on such a small sample are imprecise and may be biased. Therefore findings in this category are not reported.

Based on a test for linear trend using logistic regression.

Prevalence of Mothers Who Smoked During the Last Three Months of Pregnancy

by Selected Characteristics, PRAMS, New York State Excluding New York City, 1996 - 1999

Maternal Characteristics	1996 % (95%CI)			1997 % (95%CI)			1998 % (95%CI)			1999 % (95%CI)			P value for trend ##
Total	15.6	±	2.7	18.6	±	2.9	13.8	±	2.5	15.7	±	2.7	0.53
Race													
White	16.4	±	2.9	18.1	±	3.1	14.1	±	2.7	15.7	±	2.9	
Black	12.7	±	8.6		**			**			**		
Other		**			**			**			**		
Age													
< 20 years old		**			**			**		30.6	±	11.0	
20-24 years old	20.0	±	7.2	26.8	±	8.4	17.9	±	7.3	23.6	±	7.6	
25-34 years old	14.8	±	3.3	15.8	±	3.7	11.4	±	2.9	11.8	±	3.1	
≥ 35 years old	10.2	±	5.1	17.2	±	6.5	12.0	±	6.1	13.3	±	5.9	
Education													
0-11 years	27.0	±	8.6	34.8	±	10.2	28.1	±	10.0	27.6	±	9.4	
12 years	25.0	±	5.9	25.5	±	6.1	17.8	±	5.3	24.9	±	5.7	
> 12 years	7.1	±	2.5	9.9	±	2.7	7.8	±	2.5	7.3	±	2.3	
Marital Status													
Married	11.2	±	2.5	14.7	±	2.9	9.4	±	2.4	9.1	±	2.3	
Other	27.3	±	6.9	28.9	±	7.2	25.7	±	7.1	32.0	±	6.7	
Medicaid Status													
On Medicaid	27.2	±	6.7	27.3	±	6.9	24.4	±	6.7	28.8	±	6.9	
Not on Medicaid	11.3	±	2.5	15.1	±	3.1	9.9	±	2.5	11.1	±	2.5	

** Number of respondents is less than 30. Estimates based on such a small sample are imprecise and may be biased. Therefore findings in this category are not reported.

Based on a test for linear trend using logistic regression.

Prevalence of Mothers Who Smoked After Delivery

by Selected Characteristics, PRAMS, New York State Excluding New York City, 1996 - 1999

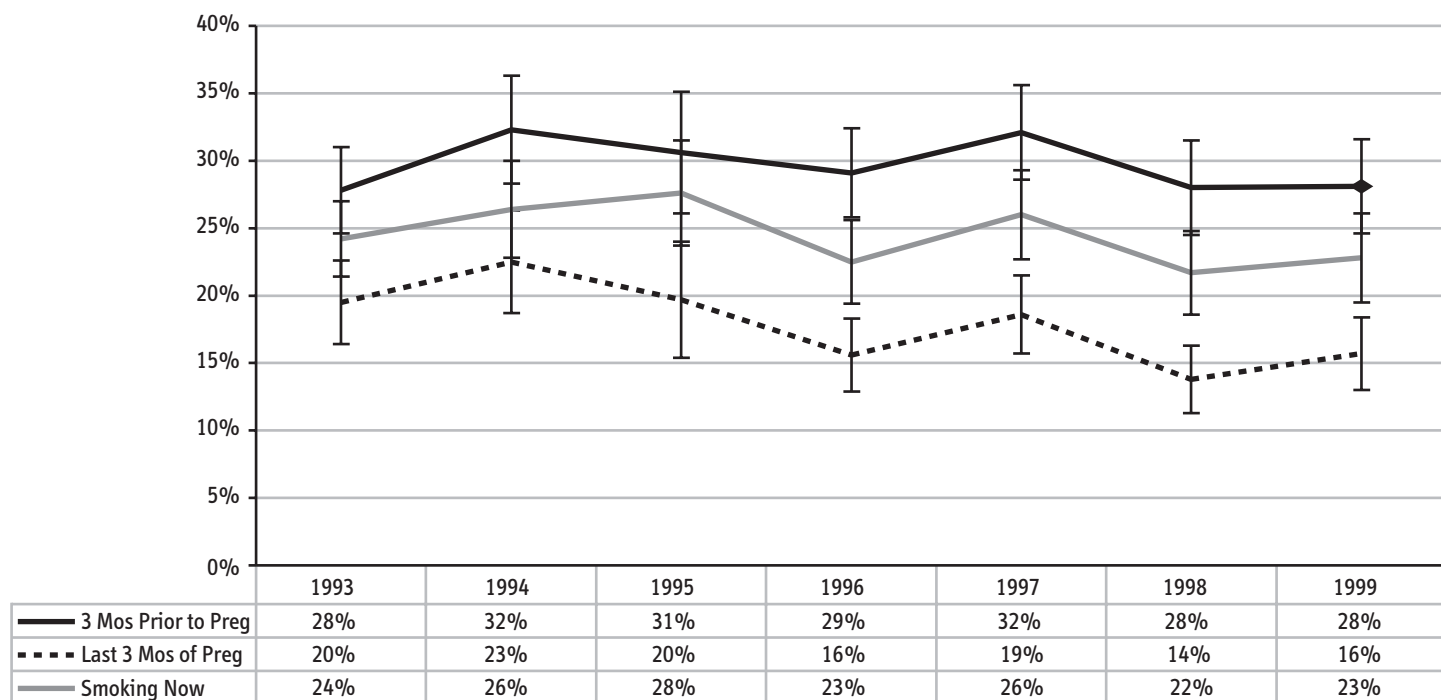
Maternal Characteristics	1996 % (95%CI)			1997 % (95%CI)			1998 % (95%CI)			1999 % (95%CI)			P value for trend ##
Total	22.5	±	3.1	26.0	±	3.3	21.7	±	3.1	22.8	±	3.1	0.63
Race													
White	23.3	±	3.3	26.0	±	3.5	22.0	±	3.3	22.9	±	3.3	
Black	15.6	±	9.4	32.0	±	13.5	**			23.3	±	10.4	
Other		**			**		**				**		
Age													
< 20 years old	37.5	±	13.5	39.1	±	15.1	36.9	±	15.7	45.3	±	12.5	
20-24 years old	28.8	±	8.4	39.7	±	9.4	30.2	±	9.0	35.5	±	8.4	
25-34 years old	21.4	±	3.9	21.6	±	4.1	19.7	±	3.7	17.2	±	3.5	
≥ 35 years old	14.6	±	6.1	22.1	±	7.1	13.8	±	6.3	16.1	±	6.3	
Education													
0-11 years	35.2	±	9.4	46.0	±	10.4	33.2	±	10.4	38.4	±	10.0	
12 years	35.3	±	6.5	36.9	±	6.9	30.6	±	6.5	34.2	±	6.3	
> 12 years	11.9	±	3.1	13.9	±	3.1	13.6	±	3.3	11.7	±	2.9	
Marital Status													
Married	16.3	±	2.9	19.1	±	3.3	16.0	±	2.9	14.3	±	2.9	
Other	39.3	±	7.6	44.3	±	7.8	37.3	±	7.3	43.2	±	7.1	
Medicaid Status													
On Medicaid	35.7	±	7.3	40.9	±	7.4	33.3	±	7.4	41.2	±	7.3	
Not on Medicaid	17.7	±	3.1	20.0	±	3.5	17.5	±	3.3	15.9	±	2.9	

** Number of respondents is less than 30. Estimates based on such a small sample are imprecise and may be biased. Therefore findings in this category are not reported.

Based on a test for linear trend using logistic regression.

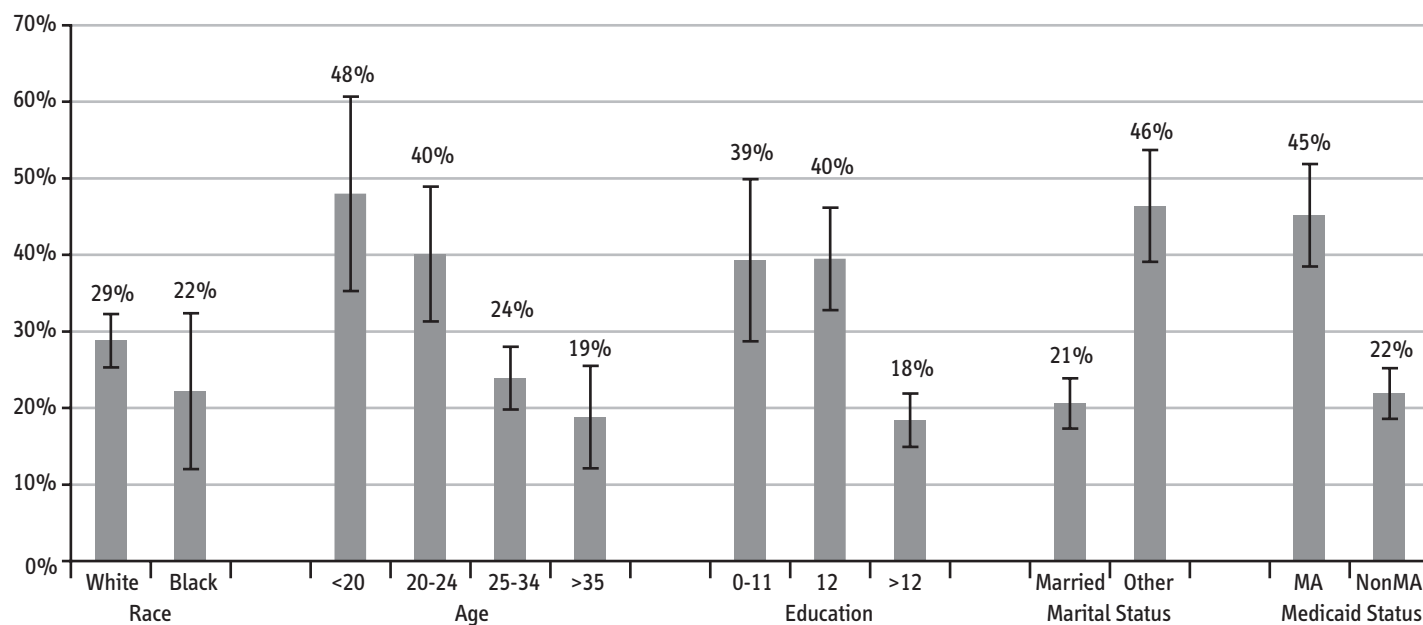
Smoking 3 Months Prior, During Last 3 Months, and After Pregnancy

PRAMS, New York State Excluding New York City, 1993-1999



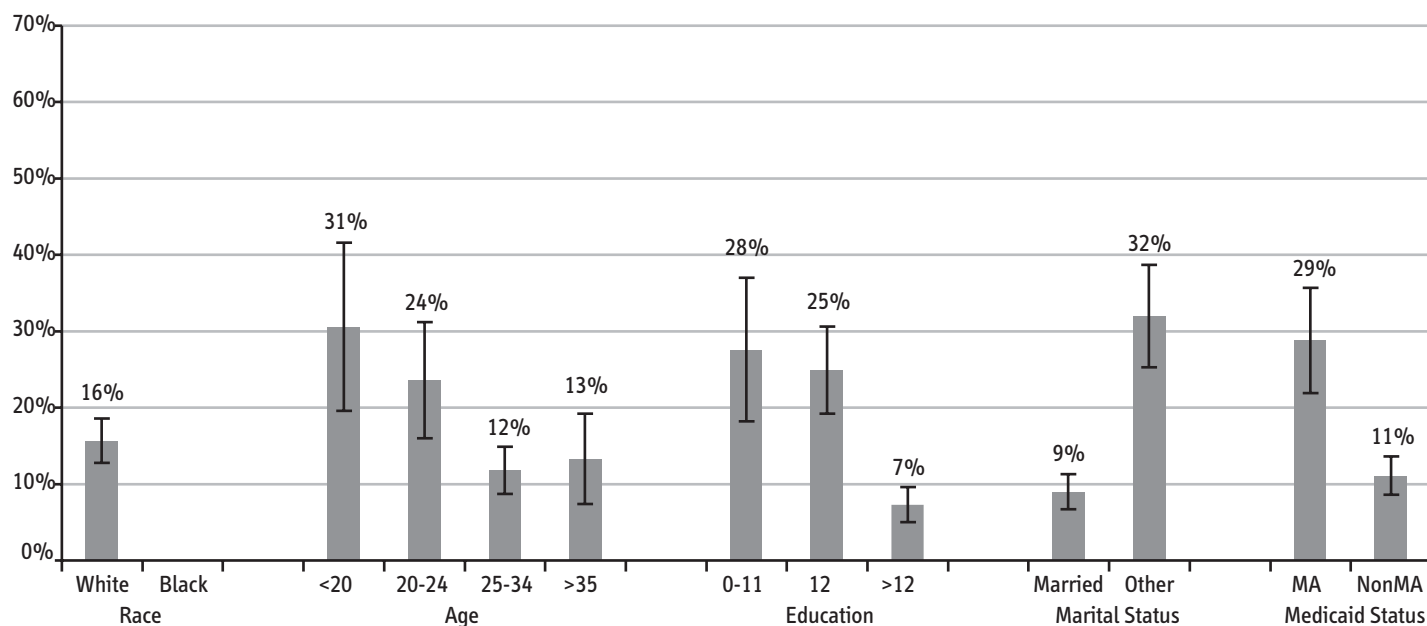
Smoking in the 3 Months Before Pregnancy

by Selected Characteristics, PRAMS, New York State Excluding New York City, 1999



Smoking in the Last 3 Months of Pregnancy

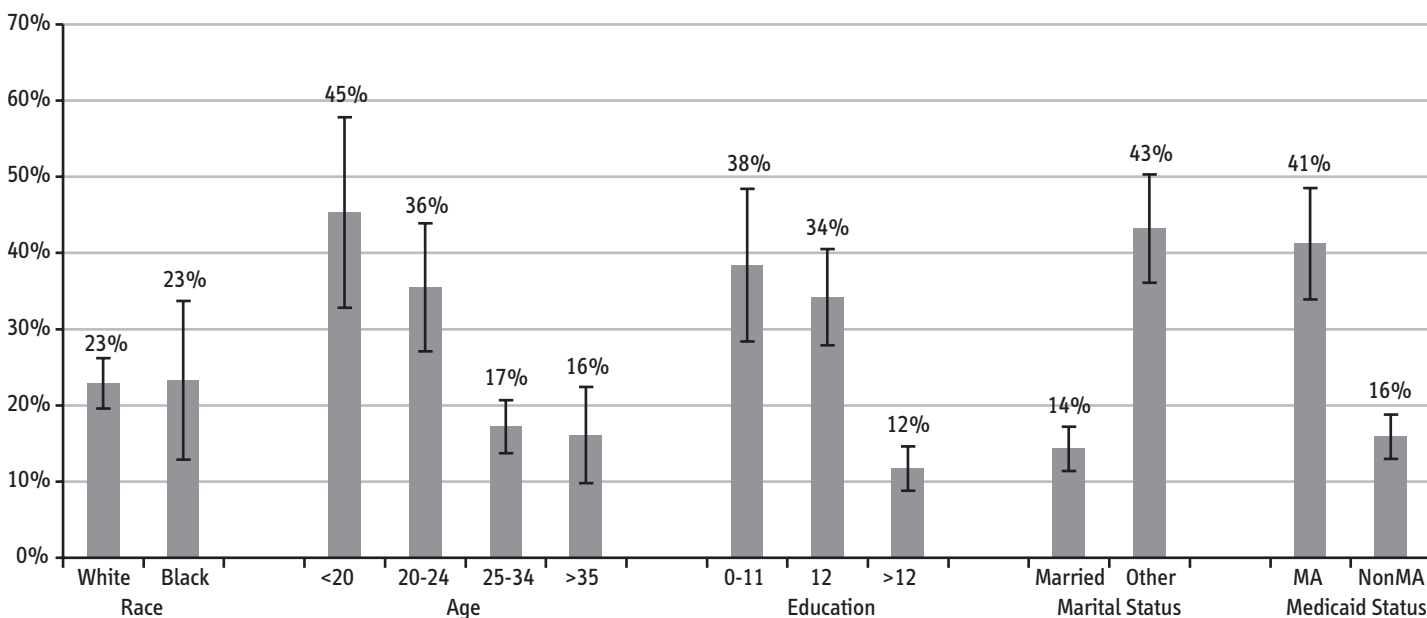
New York State Excluding New York City, 1999



*Data not presented as cell size was below 30.

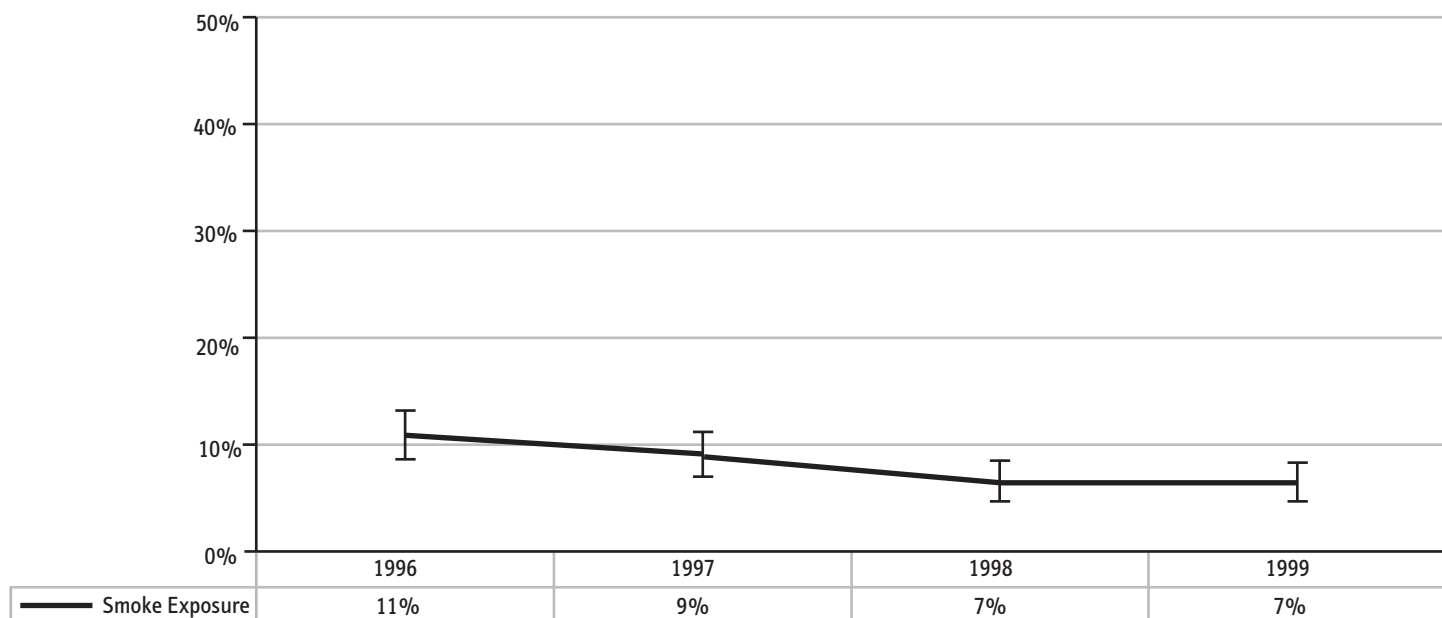
Smoking after Delivery

by Selected Characteristics, PRAMS, New York State Excluding New York City, 1999



Percent of Infants Exposed to Secondhand Smoke for at Least One Hour A Day**

New York State Excluding New York City, 1996-1999



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

Drinking

The consumption of alcohol during pregnancy, particularly in the first trimester, places the fetus at risk for a variety of negative outcomes. These include preterm delivery, growth retardation, behavioral problems, and a variety of serious birth defects of which fetal alcohol syndrome is the most serious. Because there is inevitably a period of time in the first trimester when women are not aware of their pregnancy, drinking in the three months prior to pregnancy is an important indicator of risk.

Data Highlights

- Between 1993 and 1999, more than half of all women surveyed reported drinking alcohol in the three months before they became pregnant. However, the proportion of women drinking before pregnancy declined from 57 percent in 1993 to 53 percent in 1999.
- Less than 10 percent of women report drinking alcohol during the last three months of pregnancy. Between 1993 and 1999 the proportion reporting drinking during pregnancy declined from 10 percent in 1993 to 7 percent in 1999.
- In contrast to most indicators of maternal risk, the women at greatest risk of drinking alcohol before pregnancy were those who were white, older, better educated, married, or not on Medicaid.

Prevalence of Mothers Who Drank in the Three Months Before Pregnancy

by Selected Characteristics, PRAMS, New York State Excluding New York City, 1996 - 1999

Maternal Characteristics	1996 % (95%CI)			1997 % (95%CI)			1998 % (95%CI)			1999 % (95%CI)			P value for trend ##
Total	54.9	±	3.5	53.6	±	3.7	51.5	±	3.7	53.4	±	3.5	0.43
Race													
White	56.6	±	3.7	56.4	±	3.9	53.9	±	3.9	54.5	±	3.7	
Black	42.2	±	13.1	42.5	±	14.1	43.6	±	13.5	45.3	±	11.8	
Other		**			**			**			**		
Age													
< 20 years old	34.1	±	13.3	44.4	±	14.9	45.2	±	16.1	41.8	±	12.5	
20-24 years old	47.6	±	9.2	46.0	±	9.4	40.3	±	9.4	42.5	±	8.6	
25-34 years old	56.7	±	4.5	54.7	±	4.7	53.0	±	4.7	57.7	±	4.7	
≥ 35 years old	63.2	±	8.4	60.7	±	8.2	60.8	±	8.6	57.7	±	8.4	
Education													
0-11 years	35.5	±	9.6	36.7	±	10.2	27.9	±	10.2	35.3	±	10.0	
12 years	52.9	±	6.7	44.6	±	7.1	43.3	±	7.1	50.9	±	6.7	
> 12 years	61.4	±	4.5	63.8	±	4.5	62.4	±	4.5	60.1	±	4.5	
Marital Status													
Married	56.2	±	3.9	56.2	±	4.1	54.6	±	4.1	54.5	±	4.1	
Other	51.1	±	7.8	47.0	±	7.8	43.0	±	8.2	50.9	±	6.7	
Medicaid Status													
On Medicaid	42.6	±	7.6	39.1	±	7.4	32.2	±	7.6	43.3	±	7.4	
Not on Medicaid	59.2	±	3.9	59.4	±	4.1	58.7	±	4.1	57.3	±	3.9	

** Number of respondents is less than 30. Estimates based on such a small sample are imprecise and may be biased. Therefore findings in this category are not reported.

Based on a test for linear trend using logistic regression.

Prevalence of Mothers Who Drank During the Last Three Months of Pregnancy

by Selected Characteristics, PRAMS, New York State Excluding New York City, 1996 - 1999

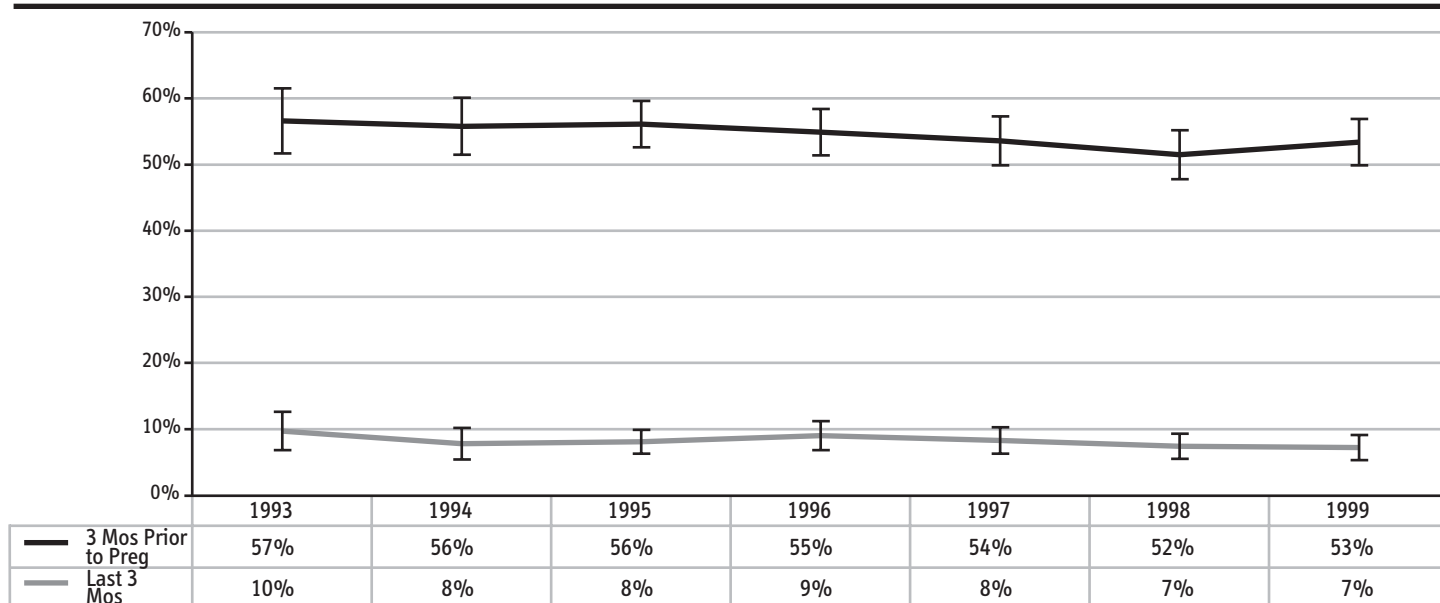
Maternal Characteristics	1996 % (95%CI)			1997 % (95%CI)			1998 % (95%CI)			1999 % (95%CI)			P value for trend ##
Total	9.0	±	2.2	8.3	±	2.0	7.4	±	2.0	7.2	±	2.0	0.22
Race													
White	8.8	±	2.2	8.5	±	2.2	7.9	±	2.0	6.9	±	2.0	
Black		**			**			**			**		
Other		**			**			**			**		
Age													
< 20 years old		**		**	**		**	**			**		
20-24 years old	**	**		**	**		**	**			**		
25-34 years old	9.0	±	2.7	9.3	±	2.7	6.6	±	2.2	8.7	±	2.7	
≥ 35 years old		**			**		17.2	±	6.5		**		
Education													
0-11 years		**		**	**		**	**		**	**		
12 years		**		**	**		**	**		**	**		
> 12 years	9.9	±	2.7	10.6	±	2.9	10.2	±	2.9	9.6	±	2.7	
Marital Status													
Married	9.2	±	2.4	10.2	±	2.5	9.4	±	2.2	7.7	±	2.2	
Other		**			**			**			**		
Medicaid													
On Medicaid		**		**	**		**	**		**	**		
Not on Medicaid	8.5	±	2.2	8.8	±	2.2	7.8	±	2.0	7.8	±	2.2	

* Number of respondents is less than 30. Estimates based on such a small sample are imprecise and may be biased. Therefore findings in this category are not reported.

Based on a test for linear trend using logistic regression.

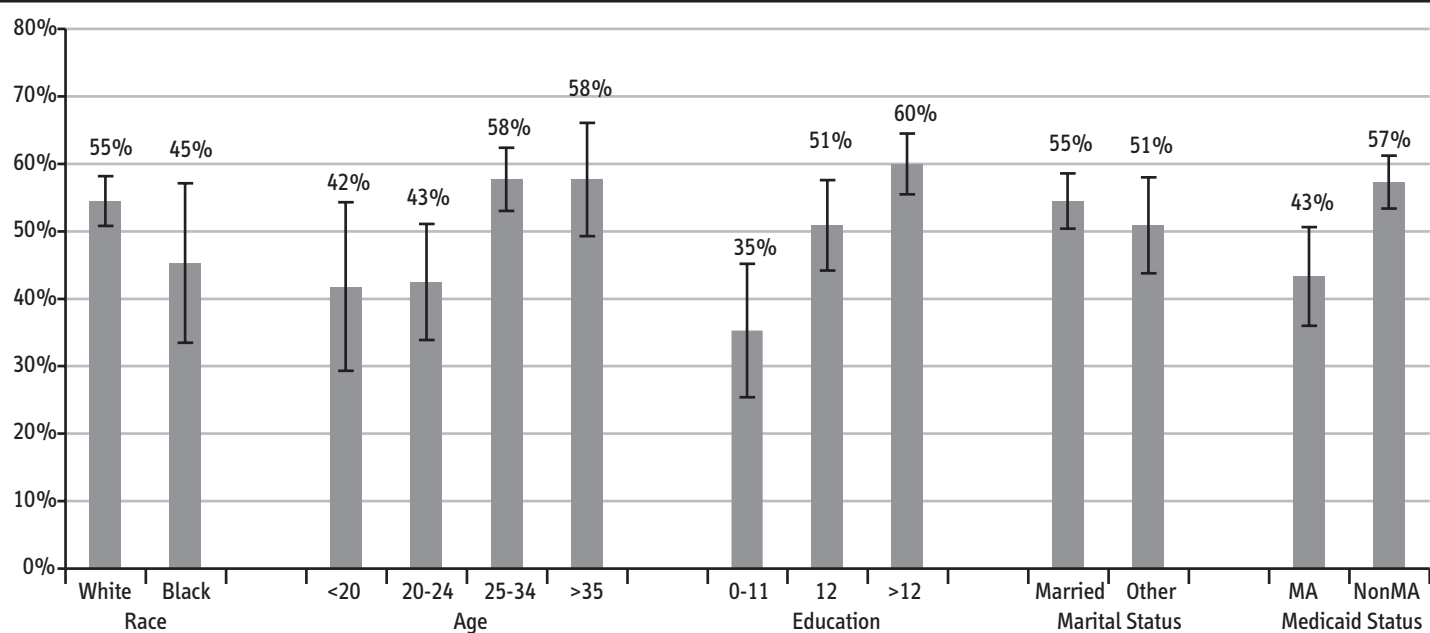
Drinking Before and During Pregnancy

PRAMS, New York State Excluding New York City, 1993-1999

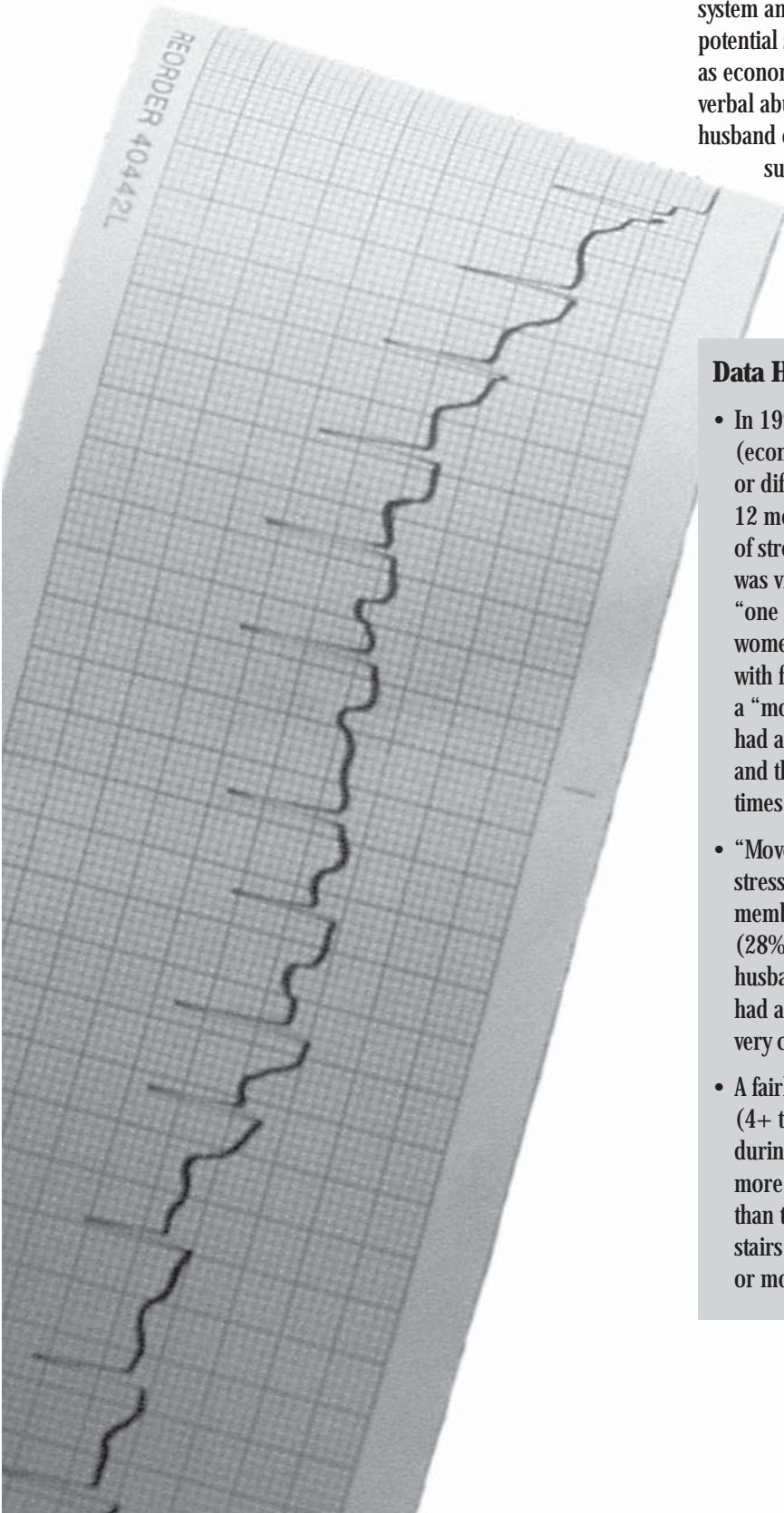


Drinking During the 3 Months Before Pregnancy

by Selected Characteristics, PRAMS, New York State Excluding New York City, 1999



Stressors



Excessive negative stress (distress) can compromise the immune system and lead to serious health problems. There are many potential sources of stress. Stressors include such circumstances as economic difficulties; sickness or death of someone close; verbal abuse or physical abuse, separation or divorce from a husband or partner. (Excessive physical activity during pregnancy such as exercise for 20 minutes or more, standing more than two hours at a time, climbing two flights of stairs or more at a time, or carrying 20 pounds or more four or more times a week can also produce stress-related risk.)

Data Highlights

- In 1999, women reported, on average, 2.6 stressors (economic difficulties, sickness or death of someone close, or difficulties with marital/partner relationship) during the 12 month period prior to delivery. The greater the number of stressors experienced, the less likely that their pregnancy was viewed as a happy time. Those describing pregnancy as “one of the happiest times of my life” averaged 1.3 stressors, women whose pregnancy was described as “a happy time with few problems” averaged 1.7 stressors, women who had a “moderately hard time” averaged 2.5 stressors, those who had a “very hard time” reported on average 3.3 stressors and those describing their pregnancy as “one of the worst times of my life” averaged 4.2 stressors.
- “Moved to a new address” was the most frequently cited stressful event in 1999 (30%), followed by “a close family member was very sick and had to go into the hospital (28%). Other leading events included “you and your husband or partner argued more than usual” (24%), “you had a lot of bills you couldn’t pay” (22%) and “someone very close to you died” (20%).
- A fairly high proportion of women reported consistent (4+ times per week) participation in strenuous exercise during pregnancy in 1999. Thirty-three percent exercised more than 20 minutes at a time, 50 percent stood for more than two hours at a time, 48 percent climbed two flights of stairs or more at a time, and 42 percent carried 20 pounds or more at a time.

Prevalence of Women Experiencing Selected Stressful Events During the Twelve Months Prior to Delivery

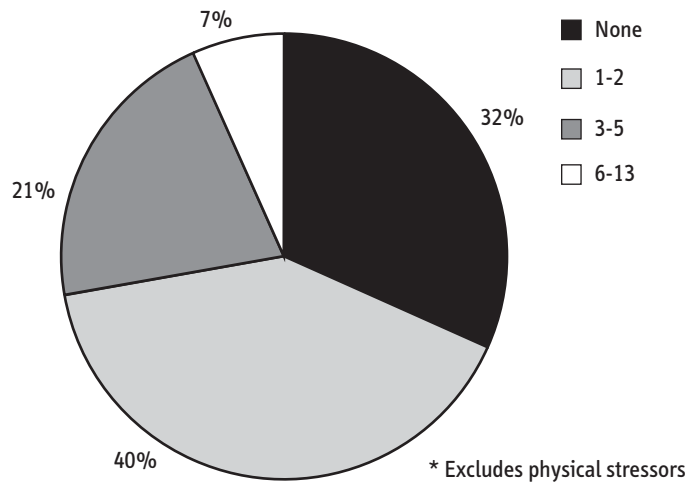
PRAMS, New York State Excluding New York City, 1996 - 1999

Stressful Event	1996 % (95%CI)			1997 % (95%CI)			1998 % (95%CI)			1999 % (95%CI)		
Husband/partner												
Mom/Partner went to jail	3.5	±	1.4	2.8	±	1.3	3.4	±	3.4	3.5	±	1.5
Didn't want Pregnancy	10.4	±	2.4	10.8	±	2.4	9.5	±	2.4	10.0	±	2.2
Argued more than usual	25.5	±	3.1	26.5	±	3.3	23.8	±	3.3	24.2	±	3.1
Divorce/Separated	7.4	±	2.2	7.8	±	2.2	6.9	±	2.0	8.8	±	2.2
Partner Lost Job	9.3	±	2.2	10.4	±	2.4	11.1	±	2.5	9.2	±	2.2
Someone very close (family/friend)												
Sick	30.4	±	3.3	27.4	±	3.3	25.8	±	3.3	28.2	±	3.1
Death of	19.6	±	2.7	20.6	±	2.9	17.9	±	2.9	20.3	±	2.9
Drinking/Drugs	13.4	±	2.5	15.0	±	2.7	13.5	±	2.7	9.8	±	2.2
Self												
Involved in a physical fight	5.0	±	1.8	4.6	±	1.8	4.9	±	1.9	4.9	±	1.9
Moved	31.2	±	3.4	31.6	±	3.5	29.9	±	3.4	30.2	±	3.3
Homeless	3.2	±	1.4	**			**			2.5	±	1.3
Couldn't Pay Bills	22.4	±	3.1	24.1	±	3.1	21.5	±	3.1	22.4	±	2.9
Loss of Job	8.6	±	2.0	10.7	±	2.5	7.7	±	2.2	8.0	±	2.0
Physical Stressors												
Exercise >20 minutes	29.4	±	3.3	30.9	±	3.3	34.2	±	3.5	33.2	±	3.3
Stand > 2 hours	42.5	±	3.5	47.3	±	3.7	44.8	±	3.7	50.0	±	3.5
Climb > 2 flights	46.5	±	3.5	49.6	±	3.7	47.1	±	3.7	47.5	±	3.5
Carry >20 pounds	43.1	±	3.5	3.4	±	3.7	42.3	±	3.7	42.3	±	3.5

** Number of respondents is less than 30. Estimates based on such a small sample are imprecise and may be biased. Therefore findings in this category are not reported.

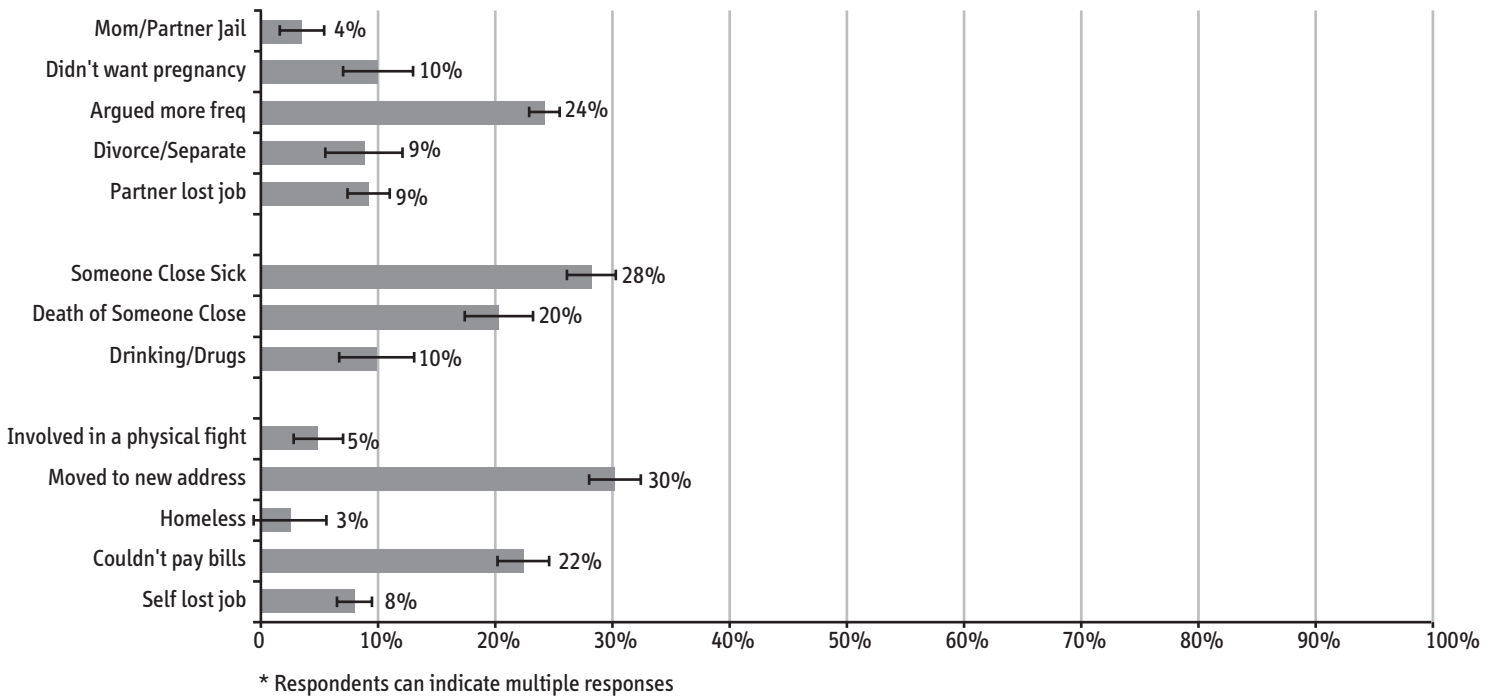
Number of Stressors* Women Report During the Twelve Months Prior to Delivery

PRAMS, New York State Excluding New York City, 1999



Percent of Mothers Reporting Stressful Events in the Year Prior to Delivery

PRAMS, New York State Excluding New York City, 1999

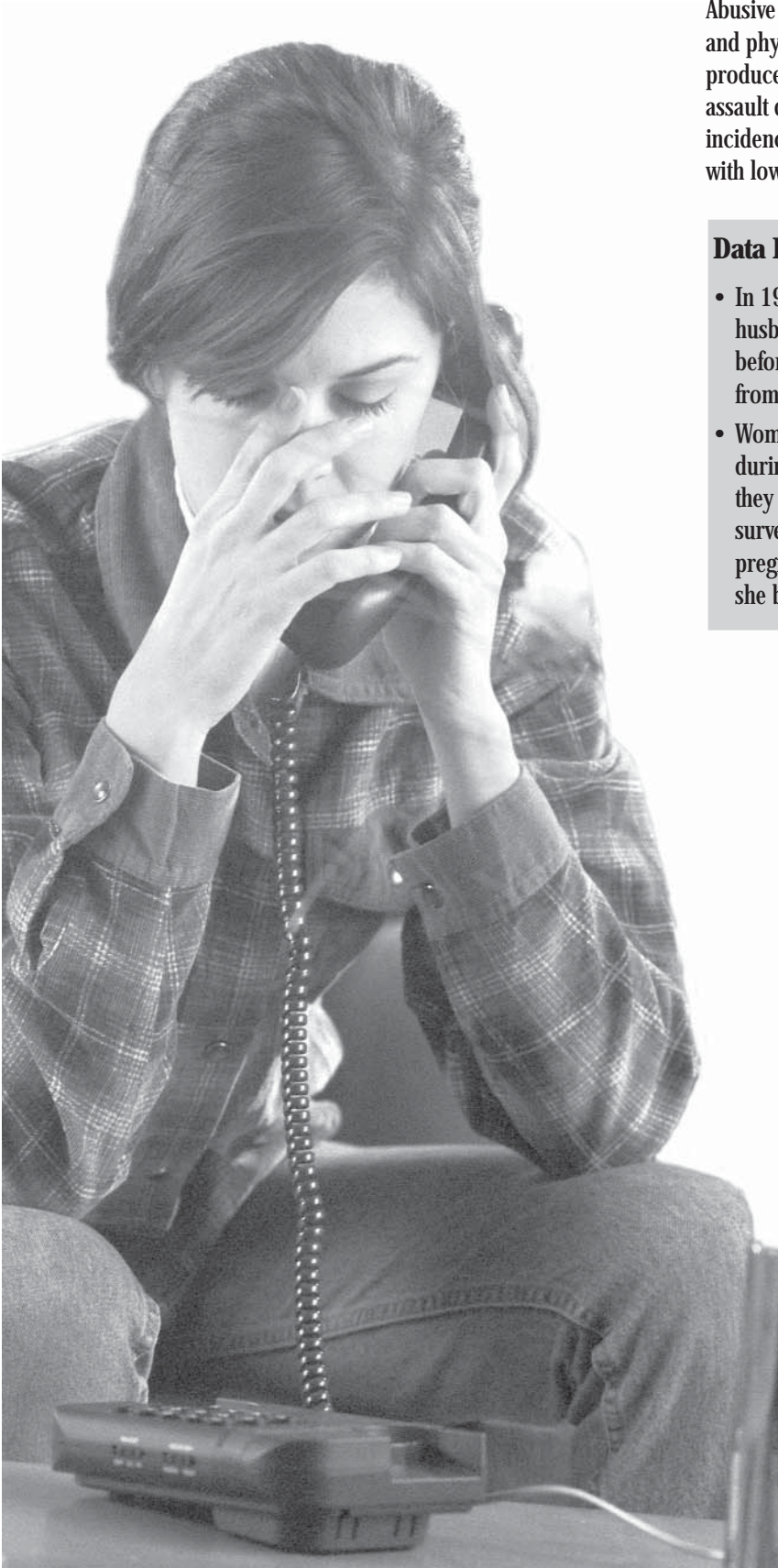


Abuse

Abusive situations such as verbal abuse, threats of physical abuse, and physical abuse - both before and during pregnancy, can produce serious emotional stress or physical injury. Physical assault during pregnancy is significantly associated with higher incidence of poor maternal weight gain, preterm labor, and babies with low birth weight (CDC PRAMS 1997 Surveillance Report).

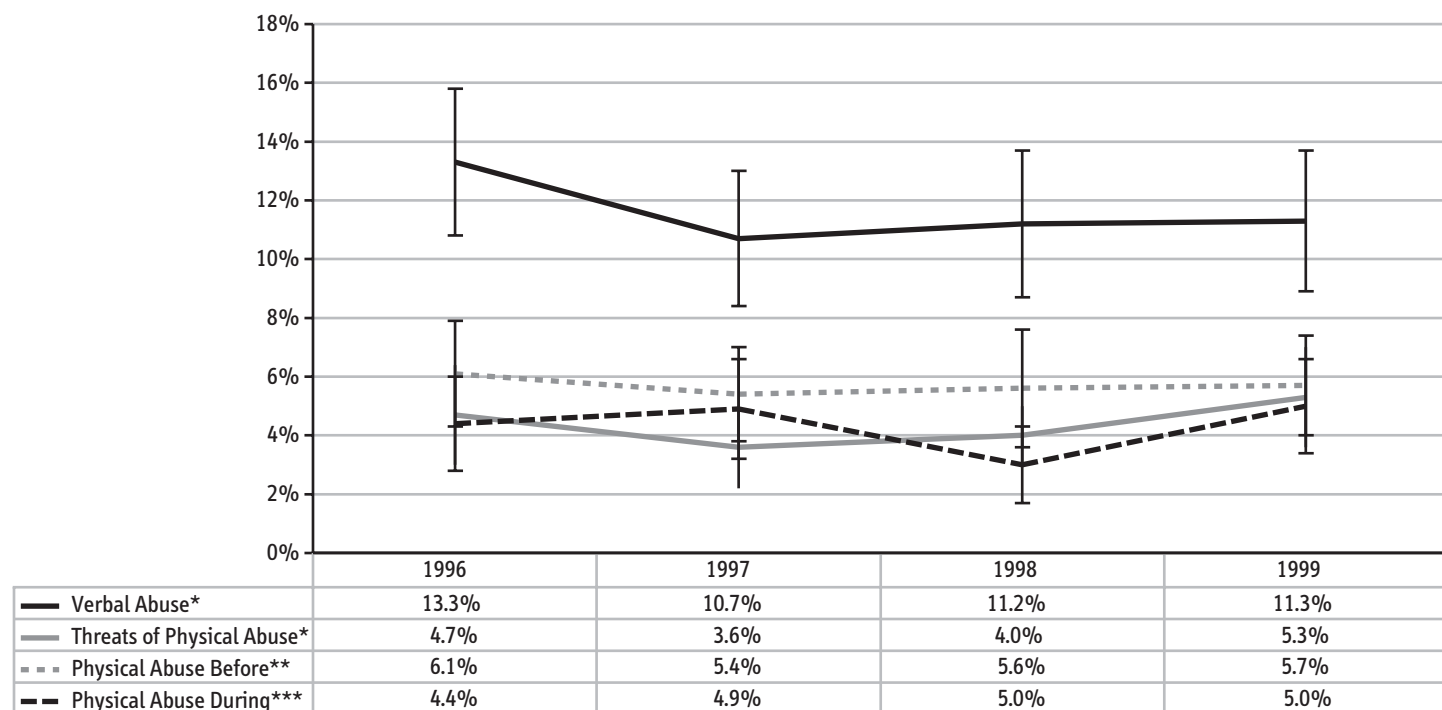
Data Highlights

- In 1999, 11 percent of the women surveyed reported that their husband or partner verbally abused them in the 12 months before delivery. Five percent reported threats of physical abuse from their husband or partner during this time.
- Women were slightly less likely to report physical abuse during their pregnancy than during the 12 months before they became pregnant. In 1999, 5 percent of the mothers surveyed reported being physically abused during her pregnancy compared with 6 percent in the 12 months before she became pregnant.



Abuse Before and During Pregnancy

PRAMS, New York State Excluding New York City, 1996 - 1999



*During the 12 months before delivery **12 months before pregnancy ***Most recent pregnancy

Mental Health During and After Pregnancy



- In 1999, over three quarters of all mothers described pregnancy as a happy time in their lives – 30 percent reported that their pregnancy was “one of the happiest times of my life” and 48 percent reported that pregnancy was “a happy time with few problems.” Among those mothers describing pregnancy as a “hard time,” 15 percent reported that pregnancy was a “moderately hard time,” five percent reported pregnancy as a “very hard time,” and three percent felt it was “one of the worst times of my life.”
- Similarly, most mothers in 1999 were either “not depressed at all” (44%) or only “a little depressed” (39%) in the months after delivery. Eleven percent reported being moderately depressed in the postpartum period, four percent reported being very depressed and two percent reported being depressed to the point that they needed help.
- A mother’s feelings during her pregnancy are clearly associated with the presence of postpartum depression. In 1999, 23 percent of women reported experiencing a difficult time during their pregnancy ranging from “a moderately hard time” to “one of the worst times of my life.” Of those, 32 percent report that they suffered from depression after the baby was born ranging from “moderately depressed” to “very depressed and had to get help.” In contrast, of the 78 percent of women who regard their pregnancy as “one of the happiest times of my life” or “a happy time with few problems” only 13 percent report feeling depressed after the baby is born.

* Women are considered not depressed if they responded “Not depressed at all” or “A little depressed” and considered “depressed” if they responded “Moderately depressed,” “very depressed” or “very depressed and had to get help.”

** Women are considered to have a happy time if they responded “One of the happiest times of my life,” or “a happy time with few problems” and to have had a hard time if they responded “a moderately hard time,” “a very hard time,” or “one of the worst times in my life.”

Prevalence of Mental Health Status During Pregnancy

by Selected Maternal Characteristics, PRAMS, New York State Excluding New York City, 1999

Maternal Characteristics	Happiest Time Of My Life % (95%CI)	Happy w/Few Problems % (95%CI)	Moderately Hard Time % (95%CI)	Very Hard Time % (95%CI)	Worst Time of My Life % (95%CI)
Total	30.3 ± 3.3	47.5 ± 3.6	14.5 ± 2.5	5.2 ± 1.6	2.5 ± 1.1
Race					
White	31.1 ± 3.5	47.3 ± 3.8	14.1 ± 2.6	5.1 ± 1.6	2.5 ± 1.2
Black	27.2 ± 10.7	46.6 ± 12.1	15.8 ± 8.3	**	**
Other	**	**	**	**	**
Age					
< 20 years old	**	46.7 ± 12.8	**	**	**
20-24 years old	31.4 ± 8.1	41.5 ± 8.6	**	**	**
25-34 years old	32.4 ± 4.4	49.4 ± 4.7	13.5 ± 3.2	3.1 ± 1.5	**
≥ 35 years old	24.2 ± 7.2	48.8 ± 8.5	18.0 ± 6.3	**	**
Education					
0-11 years	37.6 ± 10.5	36.4 ± 10.1	**	**	**
12 years	32.3 ± 6.2	46.9 ± 6.7	12.6 ± 4.4	**	**
> 12 years	27.2 ± 4.0	50.7 ± 4.5	15.5 ± 3.3	4.5 ± 1.8	**
Marital Status					
Married	31.6 ± 3.8	48.8 ± 4.1	13.0 ± 2.7	4.7 ± 1.7	**
Other	27.2 ± 6.6	44.2 ± 7.2	18.1 ± 5.5	6.5 ± 3.4	**
Medicaid					
On Medicaid	30.7 ± 7.1	43.0 ± 7.6	14.1 ± 5.5	6.9 ± 3.7	**
Not on Medicaid	30.2 ± 3.7	49.0 ± 4.0	14.6 ± 2.8	4.6 ± 1.7	**

** Number of respondents is less than 30. Estimates based on such a small sample are imprecise and may be biased. Therefore findings in this category are not reported.

Prevalence of Postpartum Depression

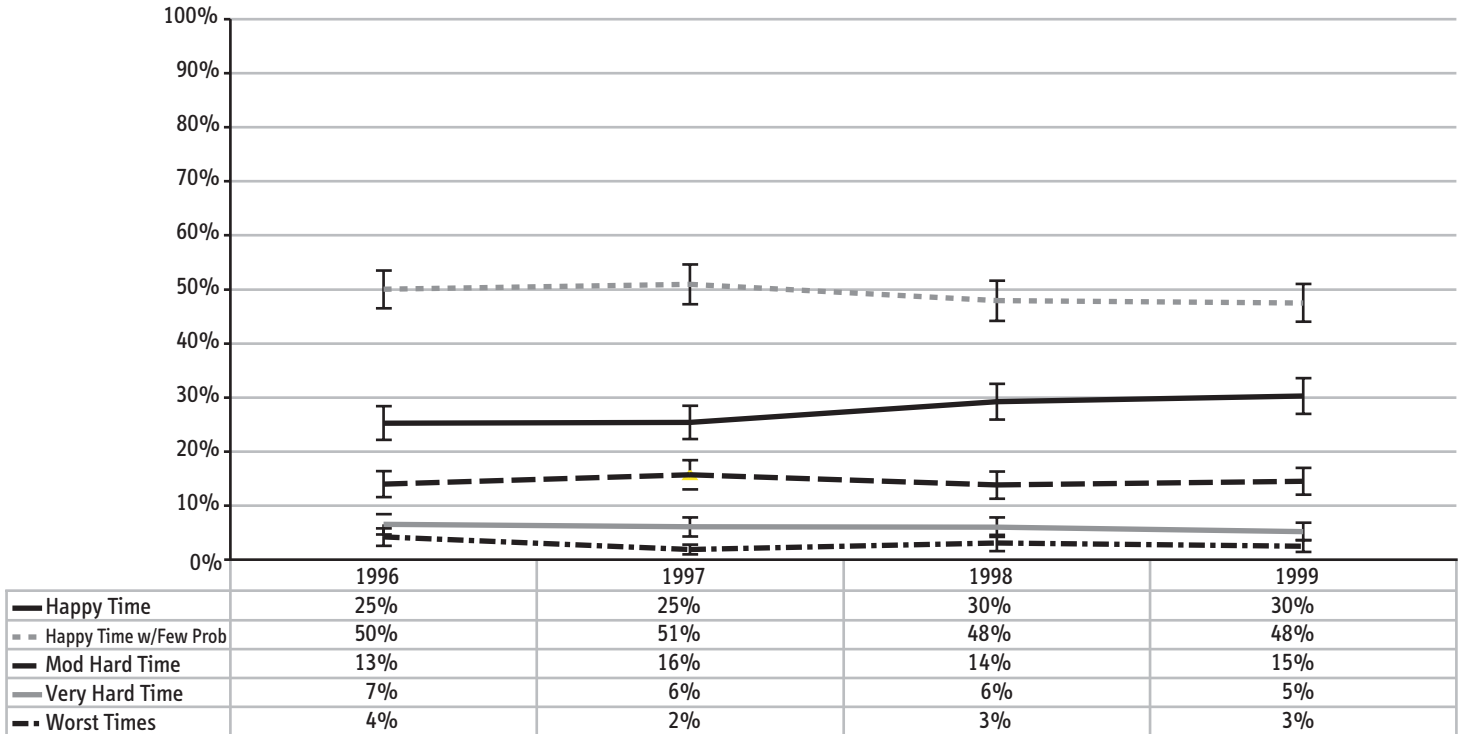
by Selected Maternal Characteristics, PRAMS, New York State Excluding New York City, 1999

Maternal Characteristics	Not Depressed % (95%CI)	Slightly Depressed % (95%CI)	Moderately Depressed % (95%CI)	Very Depressed % (95%CI)	Very Depressed Needed Help % (95%CI)
Total	43.8 ± 3.5	39.4 ± 3.5	11.3 ± 2.2	4.1 ± 1.4	1.5 ± .8
Race					
White	44.3 ± 3.7	39.6 ± 3.7	11.4 ± 2.4	3.4 ± 1.4	**
Black	42.2 ± 11.6	36.3 ± 11.4	**	**	**
Other	**	**	**	**	**
Age					
< 20 years old	29.3 ± 11.3	41.5 ± 12.4	**	**	**
20-24 years old	36.9 ± 8.3	46.5 ± 8.7	**	**	**
25-34 years old	48.3 ± 4.6	37.5 ± 4.5	10.1 ± 2.8	2.9 ± 1.5	**
≥ 35 years old	44.0 ± 8.3	36.7 ± 8.1	16.4 ± 6.2	**	**
Education					
0-11 years	38.1 ± 10.2	43.5 ± 10.3	**	**	**
12 years	39.6 ± 6.4	39.1 ± 6.4	14.4 ± 4.7	**	**
> 12 years	47.9 ± 4.5	38.4 ± 4.4	10.0 ± 2.6	**	**
Marital Status					
Married	46.1 ± 4.0	40.0 ± 3.9	10.6 ± 2.5	**	**
Other	38.4 ± 7.0	39.9 ± 7.0	12.8 ± 4.7	9.6 ± 4.1	**
Medicaid					
On Medicaid	36.6 ± 7.3	41.7 ± 7.4	12.8 ± 4.9	2.9 ± 1.4	**
Not on Medicaid	46.4 ± 4.0	38.5 ± 3.9	10.7 ± 2.5	**	**

** Number of respondents is less than 30. Estimates based on such a small sample are imprecise and may be biased. Therefore findings in this category are not reported.

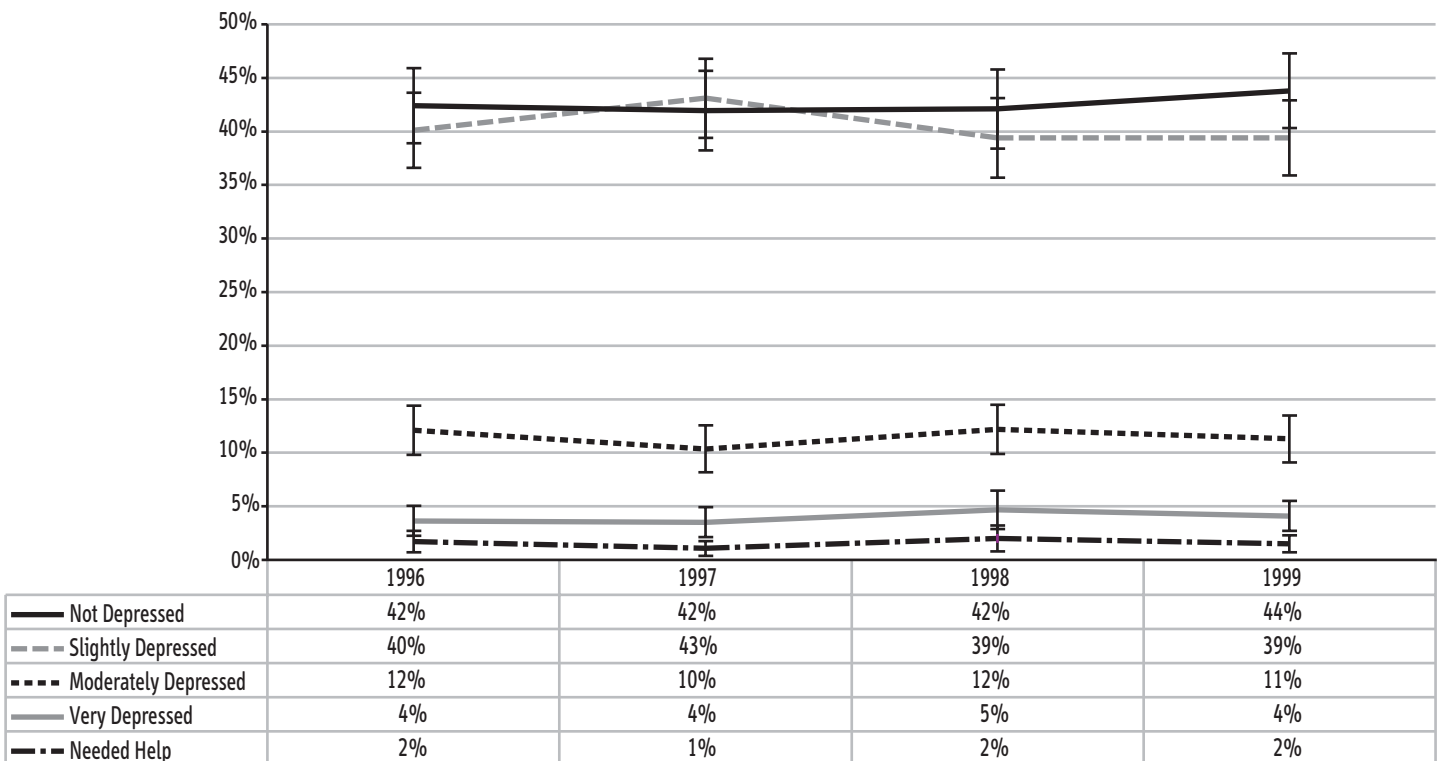
Mental Health During Pregnancy

PRAMS, New York State Excluding New York City, 1996-1999



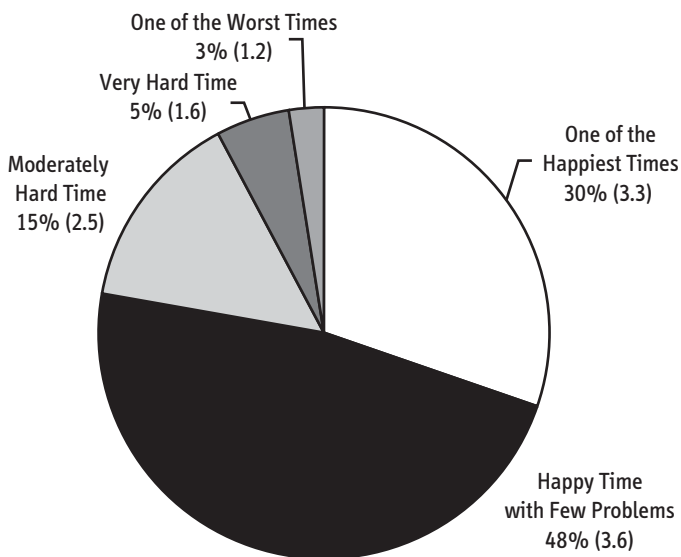
Postpartum Depression

PRAMS, New York State Excluding New York City, 1996 - 1999



Mothers' Description of Feelings During Pregnancy

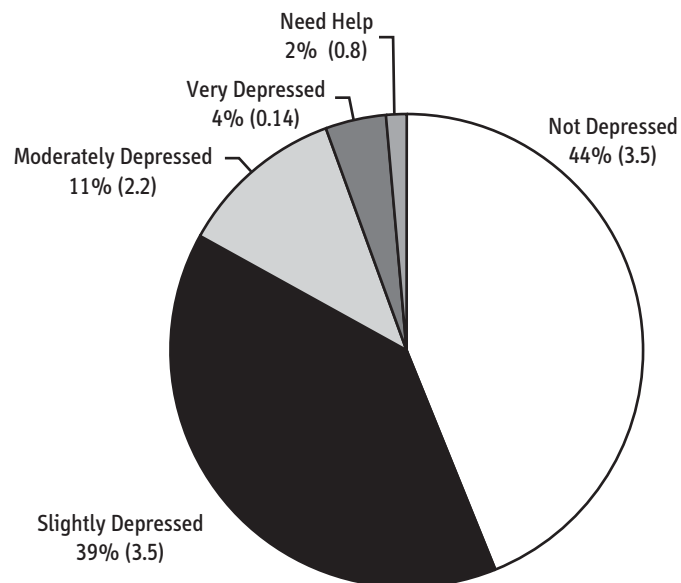
PRAMS, New York State Excluding New York City, 1999



Note: 95% Confidence Interval are in parentheses

Postpartum Depression

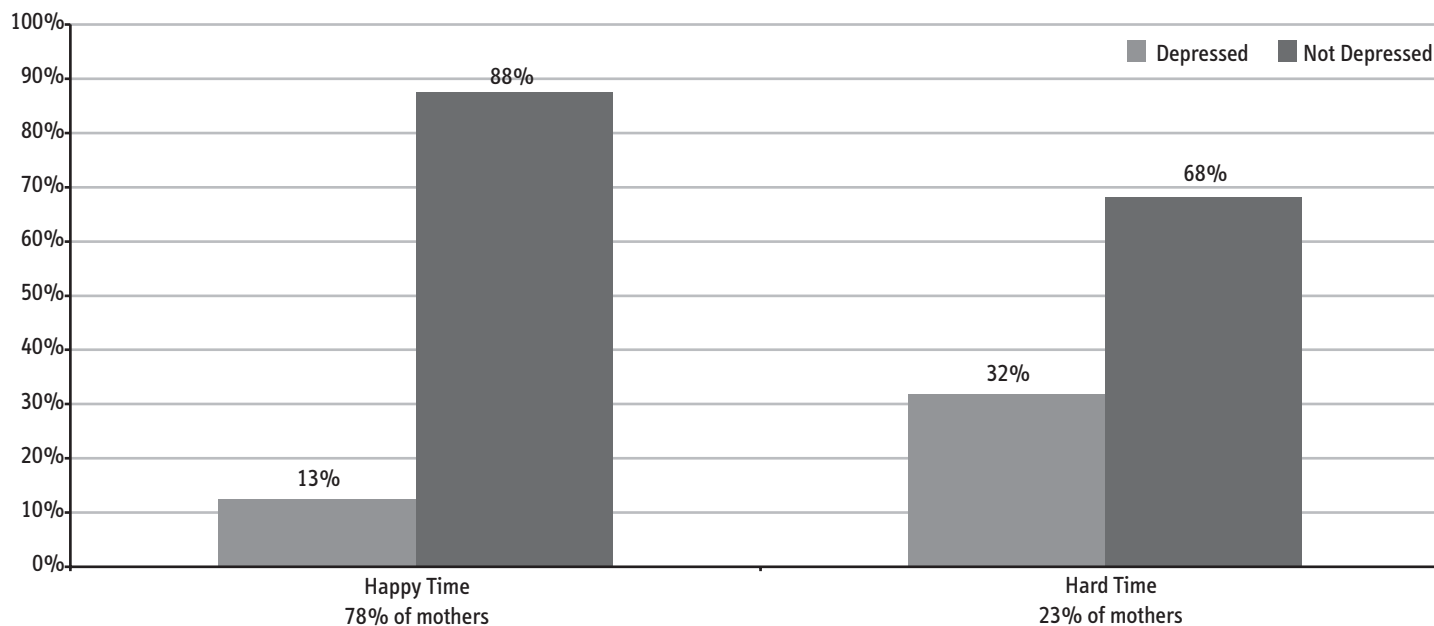
PRAMS, New York State Excluding New York City, 1999



Note: 95% CI are in parentheses

Distribution of Women Experiencing Postpartum Depression

by Mental Health During Pregnancy, PRAMS, New York State Excluding New York City, 1999



* "Happy time" includes mothers who responded that their pregnancy was the happiest time in their life or a happy time with few problems

Infant Health – Breast-feeding



For most infants and mothers, breast-feeding offers a wide array of health benefits that cannot be found in formula feeding. Breast-fed infants are less likely to suffer from severe diarrhea, respiratory infections, and ear infections. Their mothers tend to return to their pre-pregnancy weight earlier and are at a reduced risk of postpartum bleeding, pre-menopausal breast cancer, and osteoporosis.

Nevertheless, breast-feeding is not recommended for every mother. Mothers who use illicit drugs or certain prescribed drugs; who have active, untreated tuberculosis; or who are HIV positive should not breast-feed. Healthy People 2010 objectives call for 75 percent of all mothers to breast-feed their infants in the early postpartum period (Department of Health and Human Services, January 2000).

Data Highlights

- The proportion of mothers who breast-fed their babies for at least a short period of time has increased slightly over the last several years (63% in 1996, 65% in 1997, 67% in 1998 and 67% in 1999).
- However, breast-feeding rates drop dramatically at one month postpartum (49% in 1996, 52% in 1997, 52% in 1998 and 50% in 1999).
- In 1999, mothers with more than 12 years of education were the most likely to initiate breast-feeding their babies (74% vs 57% for mothers with 12 years and 64% for mothers with less than 12 years in school).
- The percent of black mothers who initiated breast-feeding rose dramatically from 1996 to 1999 (51% to 72% respectively).
- Marriage increases the likelihood that mothers will initiate breastfeeding and that they will continue to breast-feed beyond the early postpartum period. In 1999, 72 percent of married mothers initiated breast-feeding and 56 percent were still breast-feeding at one month. In comparison, 56 percent of unmarried mothers initiated breast-feeding and only 35 percent were still breast-feeding at one month.
- Hospital related assistance with breast-feeding is strongly associated with initiation of breast-feeding. Of the 89 percent of women who reported receiving information about breast-feeding from hospital staff in 1999, 70 percent initiated breast-feeding. Of the 11 percent of women who reported that they had not received hospital-based information on breast-feeding, only 30 percent initiated breast-feeding. However, these results could be influenced by selection bias, e.g., a woman who has been thinking about breast-feeding would ask for “hospital assistance” or hospital personnel may ask her if she is interested and if she says no then she wouldn’t get the information.
- Of the 33 percent of mothers who chose not to breast-feed in 1999, most (64%) indicated that they “didn’t want to breast-feed.” Sixteen percent of the non-breast-feeding mothers reported that they did not breast-feed because they “had to go to work or school.”

Prevalence of Mothers Who Initiated Breast-feeding

by Selected Characteristics, PRAMS, New York State Excluding New York City, 1996 - 1999

Maternal Characteristics	1996 % (95%CI)			1997 % (95%CI)			1998 % (95%CI)			1999 % (95%CI)			P value for trend ##
Total	63.4	±	3.4	64.7	±	3.5	66.9	±	3.5	67.0	±	3.3	0.09
Race													
White	64.4	±	3.6	65.0	±	3.7	67.7	±	3.7	65.9	±	3.6	
Black	50.6	±	12.3	57.8	±	13.3	58.9	±	13.1	72.2	±	10.0	
Other	77.2	±	19.9	79.9	±	20.4	72.6	±	18.3	77.6	±	17.6	
Age													
<20 years old	49.2	±	13.7	41.9	±	14.2	62.7	±	15.4	60.2	±	12.0	
20-24 years old	55.7	±	8.9	56.8	±	9.3	57.6	±	9.6	64.1	±	8.2	
25-34 years old	64.8	±	4.4	68.4	±	4.4	68.1	±	4.4	68.3	±	4.3	
≥35 years old	71.7	±	7.8	69.9	±	7.6	74.6	±	8.0	69.6	±	7.8	
Education													
0-11 years	55.5	±	9.7	50.8	±	10.1	50.2	±	11.1	63.8	±	9.8	
12 years	52.8	±	6.5	54.0	±	7.0	56.0	±	7.0	56.8	±	6.5	
> 12 years	71.6	±	4.2	75.0	±	3.9	77.8	±	3.9	74.0	±	3.9	
Marital Status													
Married	67.7	±	3.7	68.9	±	3.8	72.5	±	3.7	71.6	±	3.7	
Other	51.8	±	7.6	53.8	±	7.6	52.1	±	8.1	56.2	±	6.7	
Medicaid Status													
On Medicaid	57.8	±	7.4	56.2	±	3.7	56.3	±	7.9	61.1	±	7.1	
Not on Medicaid	65.5	±	3.8	68.3	±	3.9	70.9	±	3.8	69.2	±	3.7	

Based on a test for linear trend using logistic regression.

Prevalence of Mothers Who Were Still Breast-feeding Their Baby at One Month After Delivery

by Selected Characteristics, PRAMS, New York State Excluding New York City, 1996 - 1999

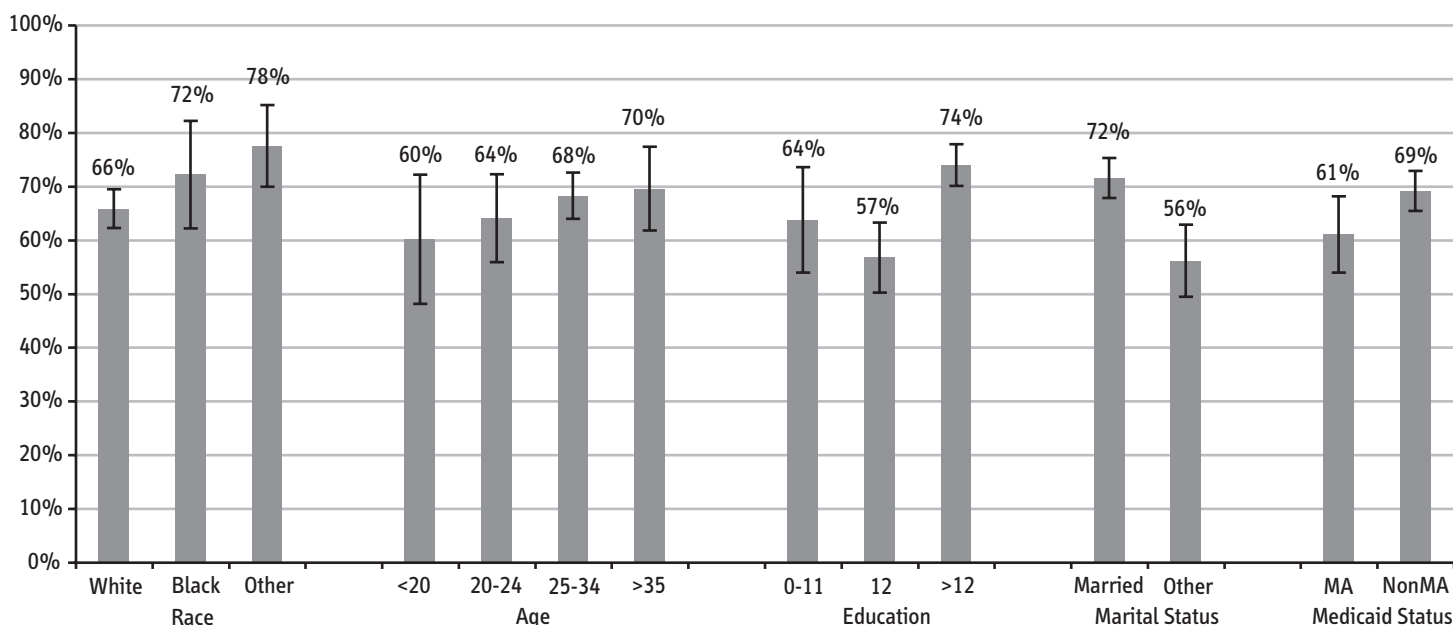
Maternal Characteristics	1996 % (95%CI)			1997 % (95%CI)			1998 % (95%CI)			1999 % (95%CI)			P value for trend ##
Total	49.2	±	3.5	51.6	±	3.6	51.7	±	3.7	49.6	±	3.5	0.87
Race													
White	50.7	±	3.8	53.2	±	3.8	53.0	±	3.9	50.0	±	3.8	
Black	32.5	±	11.7	31.4	±	11.9	38.0	±	12.3	42.9	±	11.4	
Other		**			**			**		63.2	±	20.4	
Age													
<20 years old	32.4	±	13.0		**		33.1	±	14.8	30.0	±	11.6	
20-24 years old	43.2	±	8.8	43.3	±	9.3	44.9	±	9.6	39.3	±	8.3	
25-34 years old	49.3	±	4.5	56.4	±	4.7	53.9	±	4.6	54.1	±	4.6	
≥35 years old	62.1	±	8.4	56.3	±	8.2	59.7	±	8.6	56.5	±	8.2	
Education													
0-11 years	40.5	±	9.6	36.3	±	9.5	35.8	±	10.6	32.8	±	9.7	
12 years	38.3	±	6.3	37.2	±	6.8	39.6	±	6.7	39.9	±	6.4	
> 12 years	57.9	±	4.6	64.7	±	4.4	63.2	±	4.5	60.2	±	4.4	
Marital Status													
Married	54.1	±	3.9	58.0	±	4.0	58.2	±	4.0	55.9	±	4.0	
Other	36.3	±	4.5	35.6	±	7.3	34.7	±	7.8	34.6	±	6.8	
Medicaid Status													
On Medicaid	40.6	±	7.3	39.3	±	7.1	39.8	±	7.7	38.5	±	7.1	
Not on Medicaid	52.5	±	4.0	56.9	±	4.1	56.3	±	4.1	53.7	±	4.0	

* Number of respondents is less than 30. Estimates based on such a small sample are imprecise and may be biased. Therefore findings in this category are not reported.

Based on a test for linear trend using logistic regression.

Percent of Mothers Who Initiated* Breast-feeding

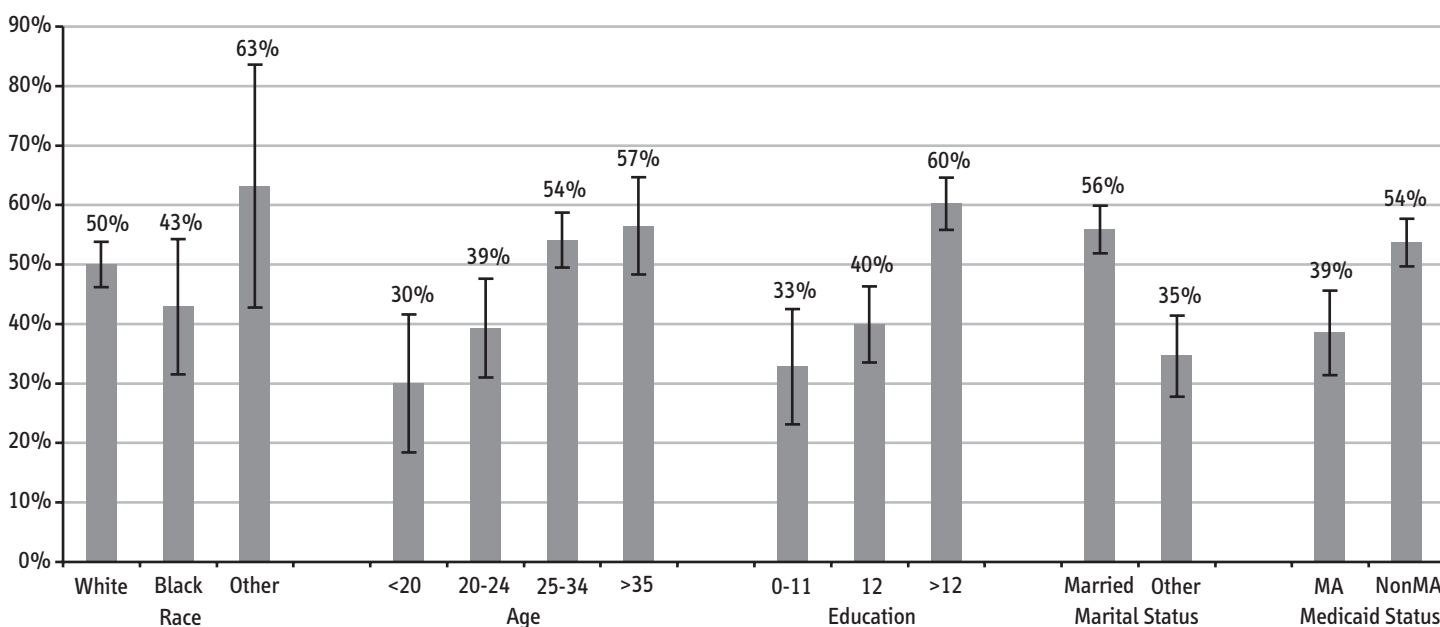
PRAMS, New York State Excluding New York City, 1999



*Includes women who have breastfed for less than four weeks

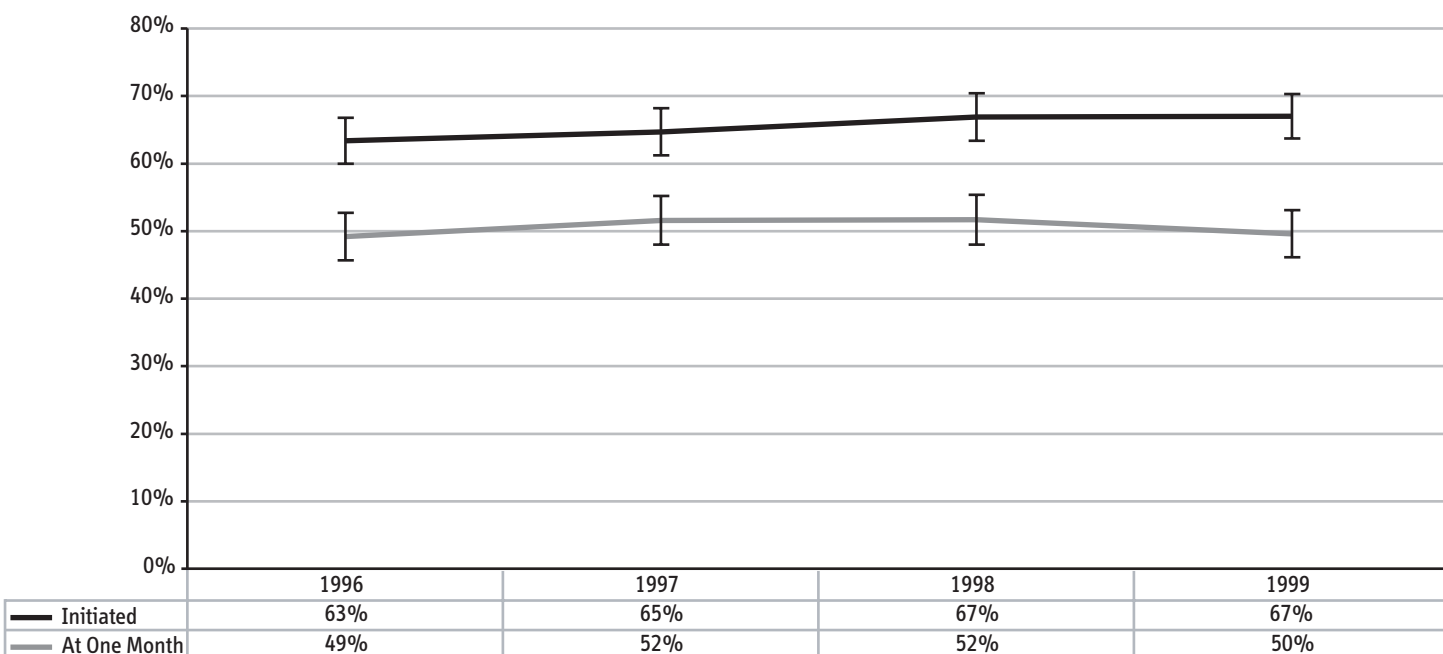
Percent of Mothers Breast-feeding at One Month

PRAMS, New York State Excluding New York City, 1999



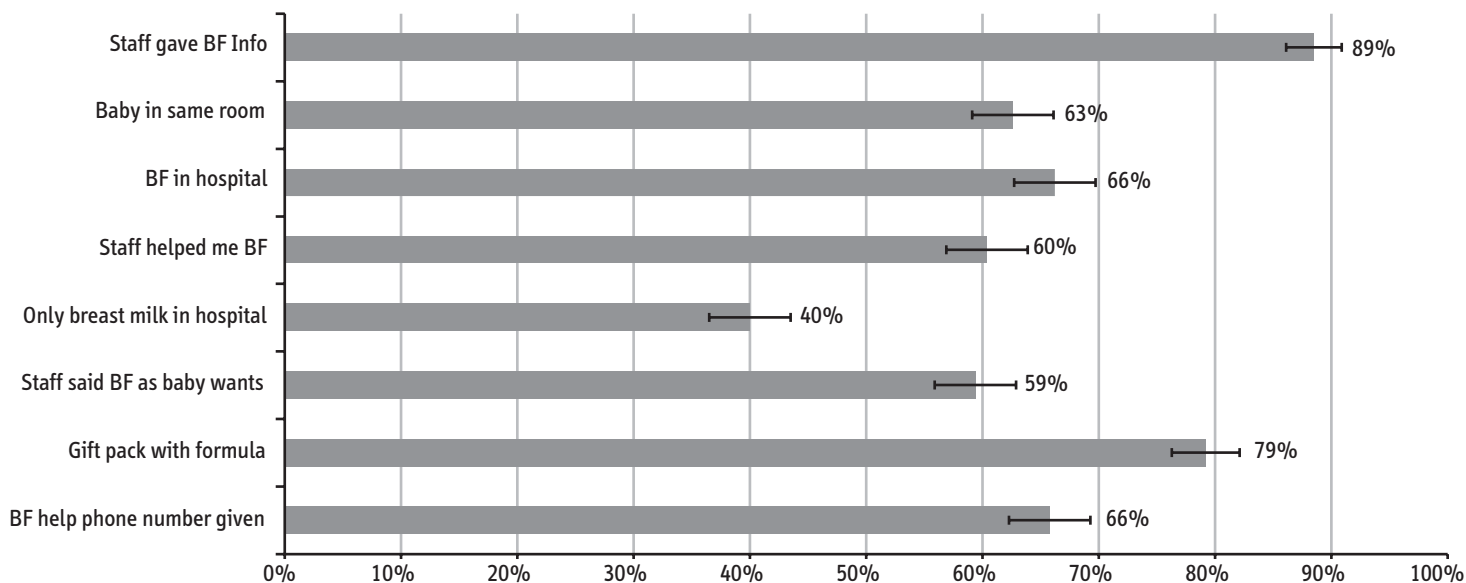
Breastfeeding Initiation and at One Month

PRAMS New York State Excluding New York City, 1996-1999



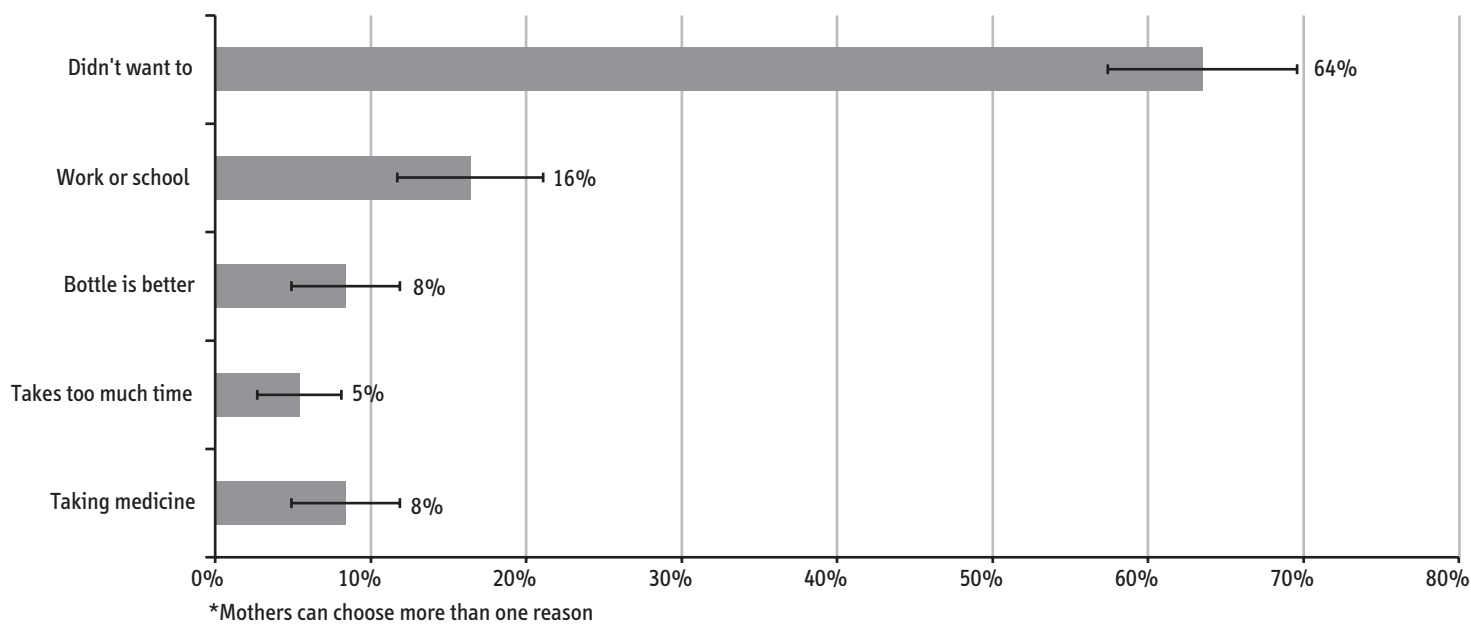
Hospital Assistance with Breast-feeding (BF)

PRAMS, New York State Excluding New York City, 1999

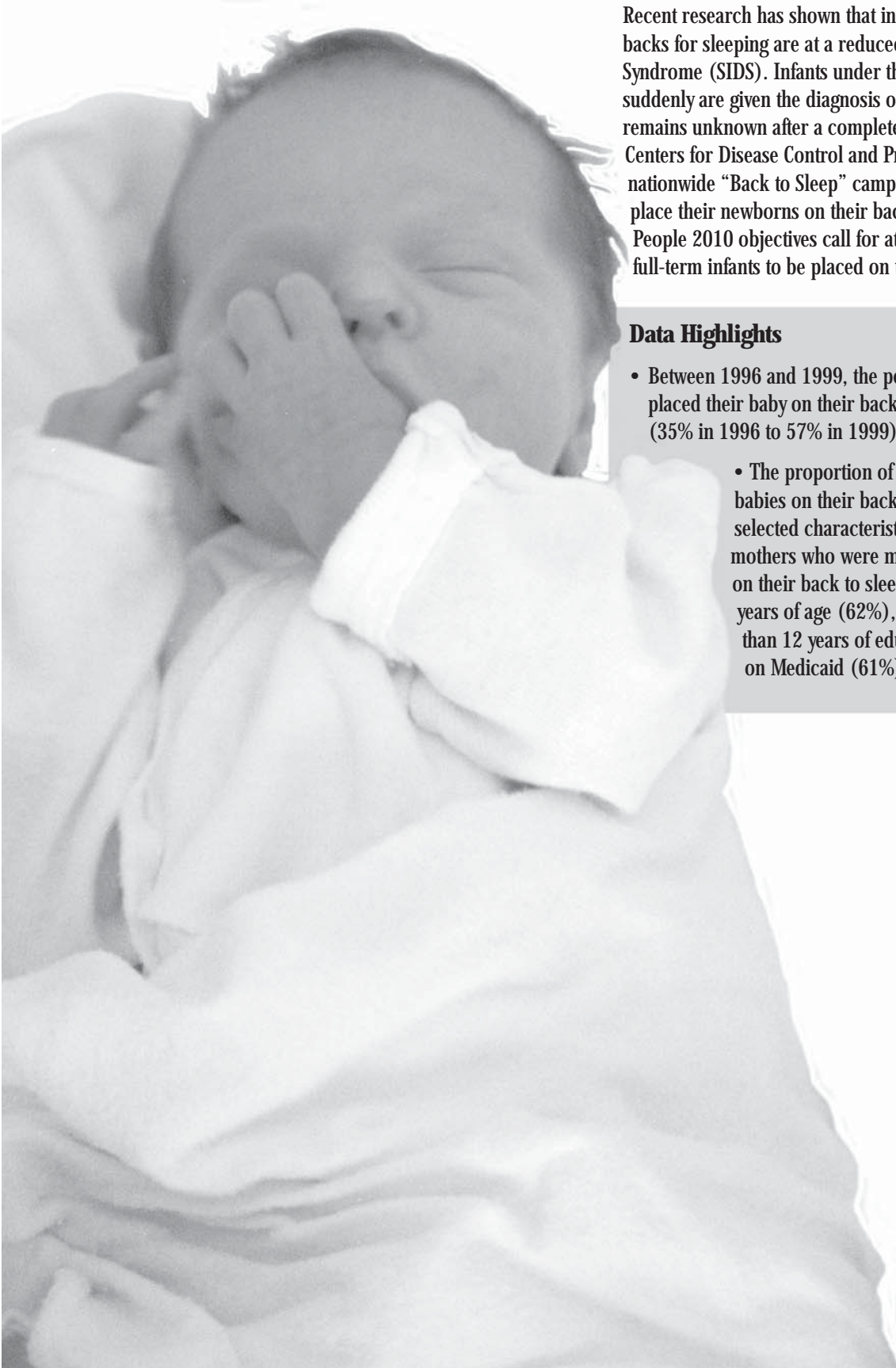


Reasons Why Mothers Chose Not to Breast-Feed*

PRAMS, New York State Excluding New York City, 1999



Infant Health – Sleep Position



Recent research has shown that infants who are placed on their backs for sleeping are at a reduced risk for Sudden Infant Death Syndrome (SIDS). Infants under the age of one year who die suddenly are given the diagnosis of SIDS when the cause of death remains unknown after a complete investigation. In 1994, the Centers for Disease Control and Prevention (CDC) launched a nationwide “Back to Sleep” campaign to encourage mothers to place their newborns on their backs for sleeping. Healthy People 2010 objectives call for at least 70 percent of healthy full-term infants to be placed on their backs to sleep.

Data Highlights

- Between 1996 and 1999, the percentage of mothers who placed their baby on their back to sleep increased by 40% (35% in 1996 to 57% in 1999).
- The proportion of mothers who place their babies on their back to sleep varies widely by selected characteristics of the mother. In 1999, the mothers who were more likely to place their babies on their back to sleep were white (59%), over 35 years of age (62%), married (61%), had more than 12 years of education (61%), and were not on Medicaid (61%).

Prevalence of Mothers Placing Their Babies on Their Backs to Sleep

by Selected Characteristics, PRAMS, New York State Excluding New York City, 1996 - 1999

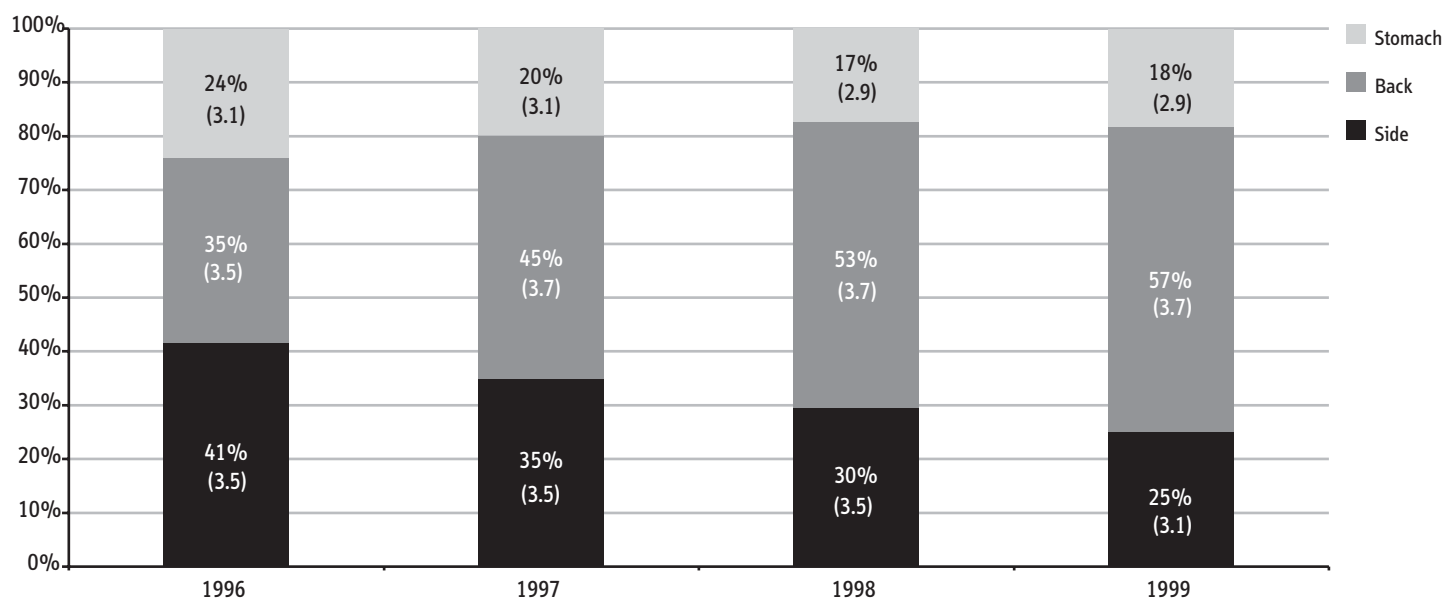
Maternal Characteristics	1996 % (95%CI)			1997 % (95%CI)			1998 % (95%CI)			1999 % (95%CI)			P value for trend ##
Total	34.5	±	3.5	45.2	±	3.7	53.0	±	3.8	56.7	±	3.6	0.00
Race													
White	35.7	±	3.7	47.1	±	3.9	55.7	±	3.9	59.2	±	3.9	
Black		**		21.1	±	11.6	36.6	±	13.1	27.3	±	10.6	
Other		**			**			**			**		
Age													
< 20 years old		**		43.6	±	15.3		**		48.4	±	12.9	
20-24 years old	30.4	±	8.4	33.1	±	9.0	36.0	±	9.4	49.3	±	9.0	
25-34 years old	36.4	±	4.5	49.1	±	4.9	60.1	±	4.7	58.7	±	4.7	
> 35 years old	34.0	±	8.4	44.0	±	8.6	52.3	±	9.0	61.9	±	8.4	
Education													
0-11 years	32.0	±	9.4	35.1	±	10.2	35.1	±	11.2	48.6	±	11.0	
12 years	29.8	±	6.1	43.8	±	7.3	57.5	±	7.1	52.4	±	6.7	
> 12 years	37.8	±	4.5	48.7	±	4.7	54.9	±	4.7	61.2	±	4.5	
Marital Status													
Married	37.4	±	3.9	48.8	±	4.1	57.0	±	4.1	61.3	±	3.9	
Other	27.1	±	6.9	35.2	±	7.8	41.8	±	8.4	44.8	±	7.4	
Medicaid Status													
On Medicaid	27.0	±	6.9	39.0	±	7.6	41.6	±	8.2	42.8	±	7.6	
Not on Medicaid	37.3	±	3.9	47.6	±	3.9	57.0	±	4.1	61.4	±	3.9	

* Number of respondents is less than 30. Estimates based on such a small sample are imprecise and may be biased. Therefore findings in this category are not reported.

Based on a test for linear trend using logistic regression.

Trends in Sleeping Position

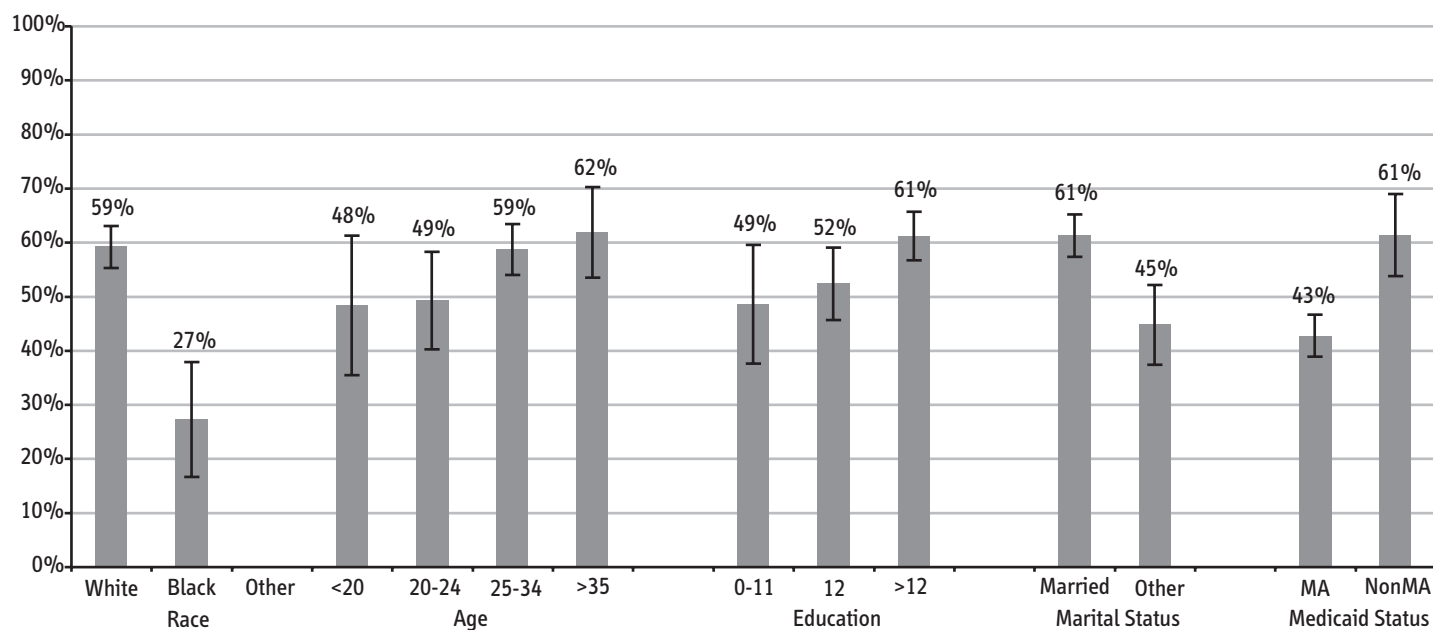
PRAMS, New York State Excluding New York City, 1996-1999



* Numbers in parenthesis represent 95% CI

Percent of Mothers Reporting that Babies are Placed on Their Back to Sleep

by Selected Characteristics, PRAMS, New York State Excluding New York City, 1999



Infant Health – Safety Precautions



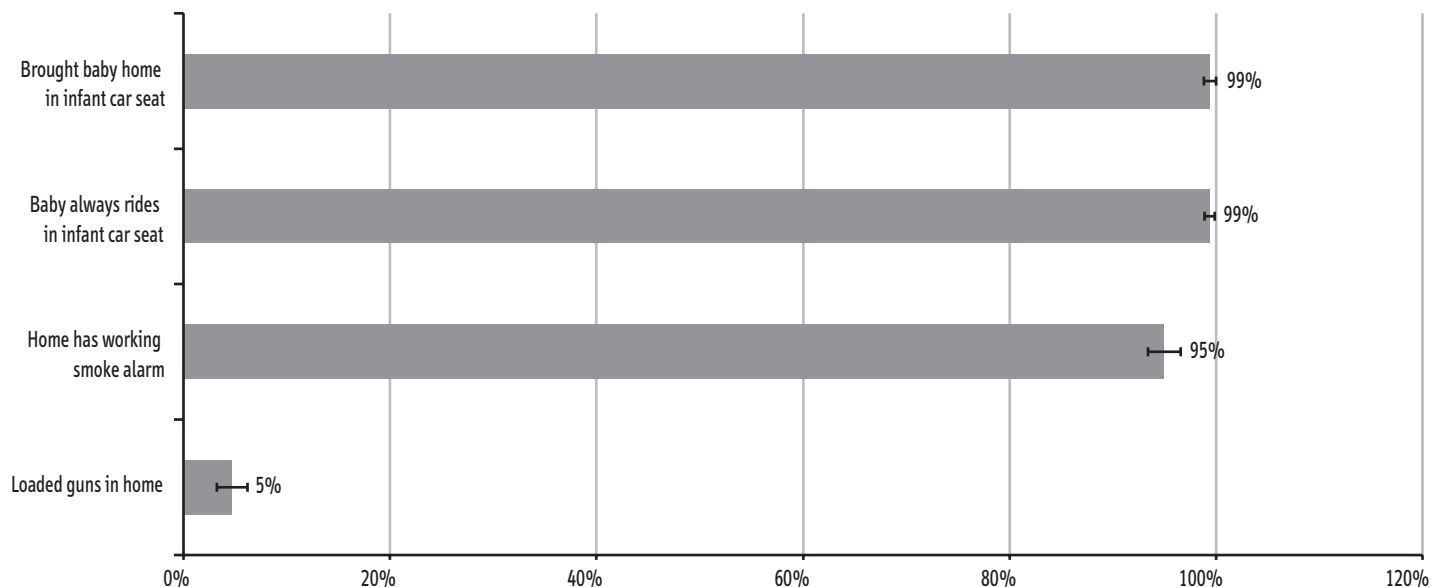
In 1997, accidents were the fifth leading cause of infant death. Many accidents can be prevented if a few precautions are routinely taken. These include regular use of a properly installed infant car seat, maintenance of a working smoke alarm in the home, and absence or safe storage of firearms in the home.

Data Highlights

- In 1999, the vast majority of mothers reported that they adhere to important injury prevention practices as they care for their newborn babies. Ninety-nine percent reported that their “infant was brought home from the hospital in an infant car seat,” 99.5 percent reported that their “baby always rides in an infant car seat,” 95 percent indicated that their “home has a working smoke alarm.” Only 5 percent reported to having “loaded guns, rifles, or other firearms” in their home. These percentages remained fairly consistent between 1996 and 1999 for all women.

Percentage Compliance with Injury Prevention Measures

PRAMS, New York State Excluding New York City, 1999



Technical Notes

Sampling Design

A stratified systematic random sampling approach is used to oversample low birthweight (<2500g). The sample is divided into two strata: low birthweight and normal birthweight. Any records with missing or invalid birthweight information were put in the low birthweight group in the sampling frame. *

Certain records are automatically excluded from the sampling frame, including records received six or more months after delivery, adopted infants and all but one infant from a multiple birth. Records are sampled using the following sampling fractions:

Low Birthweight: 3/22

Normal Birthweight: 1/121

Although the probability of being selected into the two strata differs, the number of women from each stratum in the resulting sample is approximately equal.

Estimating Standard Errors for PRAMS Data

The probability sampling method for obtaining PRAMS data, results in population estimates that are subject to sampling error. The standard error measures the sampling variability of an estimator compared to all possible samples taken from the sampling frame.

The standard errors presented in this report were obtained from SUDAAN. These errors were produced through the use of first order Taylor Series linearization approximation to estimate sampling variances and standard errors.

*The original sampling design also stratified on prenatal care (Kessner Index), however, changes in the way prenatal care was recorded on the 1993 birth certificate resulted in an unacceptably large number of unknown adequacy of care received utilizing the Kessner Index. Prenatal care was, therefore, dropped as a stratification variable.

Weighting of Data

All data presented in this surveillance report are weighted to account for a degree of nonresponse and noncoverage. The SUDAAN software package, developed specifically for weighting survey data, is required for all analyses.

The data from the PRAMS survey are used to make statewide estimates about the characteristics of women giving birth to live babies. In order for these estimates to be possible, a survey respondent must first be assigned an analysis weight to adjust for the sampling design, non-response by certain groups of women, and non-coverage of certain areas in the sampling frame. Thus, the analysis weight given to each mother is a product of three factors: sampling weight, nonresponse weight and frame noncoverage weight.

The sampling weight is the reciprocal of the sampling fraction and is used to adjust for the unequal probability of selection into each stratum. This number is calculated by dividing the number of mothers in the sampling frame for a stratum, by the number of mothers actually sampled for that stratum.

The nonresponse weight is used to account for the bias resulting when women with some particular characteristic (age, race, education, etc.) respond at a greater or lesser rate than women without that same characteristic. This factor is calculated by dividing the number of women sampled for PRAMS in each stratum-specific response category by the number of mothers actually responding to the survey in that category.

The final factor, frame noncoverage weight, reflects the overall rate of omission from the sampling frame. By using this adjustment, corrections can be made for incomplete coverage of the population and variability in estimates.

Response Rates

To ensure statistical reliability, a response rate of 70 percent is required in each stratum before the data are considered statistically reliable. Response rates for the low birth weight group have been below 70 percent for all four years of data collection. Therefore, no stratum specific analysis has been done.

*The original sampling design also stratified on prenatal care (Kessner Index), however, changes in the way prenatal care was recorded on the 1993 birth certificate resulted in an unacceptably large number of unknown adequacy of care received utilizing the Kessner Index. Prenatal care was, therefore, dropped as a stratification variable.

Appendix A

PRAMS Questionnaire

First we would like to ask you a few questions about the time before your new baby was born. Please check the box next to the best answer.

1. Before your new baby, did you ever have any other babies who were born alive?
☐ No → Go to Question 4
☐ Yes
2. Did the baby just before your new one weigh 5 pounds, 8 ounces *or less* at birth?
☐ No
☐ Yes
3. Was the baby just before your new one born *more* than 3 weeks before its due date?
☐ No
☐ Yes

Next are some questions about the time just before and during your pregnancy with your new baby. It may help to look at the calendar when you answer these questions.

4. 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
5. Thinking back to *just before* you got pregnant, how did you feel about becoming pregnant? **Check the best answer.**
☐ I wanted to be pregnant sooner
☐ I wanted to be pregnant later
☐ I wanted to be pregnant then
☐ I didn't want to be pregnant then or at any time in the future
☐ I don't know
6. *Just before* you got pregnant, did you have health insurance? **Don't count Medicaid.**
☐ No
☐ Yes
7. *Just before* you got pregnant, were you on Medicaid?
☐ No
☐ Yes

-
8. When you got pregnant with your new baby, were you or your husband or partner using any kind of birth control? **Birth control means the pill, condoms, diaphragm, foam, rhythm, Norplant®, shots (Depo-Provera®), or ANY other way to keep from getting pregnant.**
- ☐ No
☐ Yes → Go to question 10
9. Why were you or your husband or partner not using any birth control? **Check all that apply.**
- ☐ I wanted to get pregnant
☐ I didn't think I could get pregnant
☐ I had been having side effects from the birth control I used
☐ I didn't want to use birth control
☐ I didn't think I was going to have sex
☐ My husband or partner didn't want to use birth control
☐ Other → please tell us:
-

The next questions are about the prenatal care you got 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 check-ups and advice about pregnancy. It may help to look at a calendar when you answer these questions.

10. How many weeks or months pregnant were you when had your first visit for prenatal care? **Don't count a visit that was only for a pregnancy test or only for WIC (Women, Infants, and Children's Nutrition Program).**
- ____ Weeks or ____ Months
☐ I did not go for prenatal care
11. Did you get prenatal care as early in your pregnancy as you wanted?
- ☐ No
☐ Yes → Go to Question 13
☐ I did not want prenatal care → Go to Question 13

12. Did any of these things keep you from getting prenatal care as early as you wanted? **Check all that apply.**

- ☐ I couldn't get an appointment earlier in my pregnancy
 - ☐ I didn't have enough money or insurance to pay for my visits
 - ☐ I didn't know that I was pregnant
 - ☐ I had no way to get to the clinic or doctor's office
 - ☐ I couldn't find a doctor or nurse to take me as a patient
 - ☐ I had no one to take care of my children
 - ☐ I had too many other things going on
 - ☐ Other → Please tell us
-

If you did not go for prenatal care, go to Question 17 on Page 4.

13. During each month of your pregnancy, about how many visits for prenatal care did you have? **If you don't know exactly how many, please give us your best guess. Don't count visits for WIC. It may help to use the calendar.**

Month of pregnancy	How many visits?
First month	_____
Second month	_____
Third month	_____
Fourth month	_____
Fifth month	_____
Sixth month	_____
Seventh month	_____
Eighth month	_____
Ninth month	_____

- ☐ I did not go for prenatal care → **Go to Question 17**

14. Where did you go **most of the time** for your prenatal visits? **Don't include visits for WIC. Check one answer.**

- ☐ Hospital clinic
 - ☐ Health department clinic
 - ☐ Private doctor's office
 - ☐ Community Health Center
 - ☐ Other → Please tell us
-

15. How was your prenatal care paid for? **Check all that apply.**

- ☐ Medicaid
 - ☐ Personal income (cash, check or credit card)
 - ☐ Health Insurance
 - ☐ PCAP (Prenatal Care Assistance Program)
 - ☐ I still owe
 - ☐ Other → Please tell us
-

16. 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? **For each thing, please circle Y (yes) if someone talked with you about it or N (No) if no one talked with you about it.**

	N	Y
a. What you should eat during your pregnancy.....	N	Y
b. How smoking during pregnancy could effect your baby.....	N	Y
c. Breast-feeding your baby.....	N	Y
d. How drinking alcohol during pregnancy could effect your baby.....	N	Y
e. Using a seat belt during your pregnancy.....	N	Y
f. Birth control methods to use after your pregnancy.....	N	Y
g. The kinds of medicines that were safe to take during your pregnancy.....	N	Y
h. How using illegal drugs could affect your baby.....	N	Y
i. How your baby grows and develops during your pregnancy.....	N	Y
j. What to do if your labor starts early.....	N	Y
k. How to keep from getting HIV (the virus that causes AIDS).....	N	Y
l. Getting your blood tested for HIV (the virus that causes AIDS).....	N	Y
m. Physical abuse to women by their husbands or partner.....	N	Y

17. During your pregnancy, were you on WIC? ☐ No
☐ Yes

18. **Just before** you got pregnant, how much did you weigh? _____ Pounds
☐ I don't know

19. How tall are you without shoes? _____ Feet _____ Inches

20. Have you ever heard or read that taking the vitamin folic acid can help prevent some birth defects? ☐ No
☐ Yes

The next questions are about smoking cigarettes and drinking alcohol.

21. Have you smoked at least 100 cigarettes in your entire life? ☐ No → Go to Question 25
☐ Yes

22. In the **3 months before** you got pregnant, how many cigarettes or packs of cigarettes did you smoke on an average day?
(A pack has 20 cigarettes)
- ___Cigarettes or ___Packs
- ☐ Less than 1 cigarette a day
☐ I didn't smoke
☐ I don't know

23. In the **last three months** of your pregnancy, how many cigarettes or packs of cigarettes did you smoke on an average day?
(A pack has 20 cigarettes)
- ___Cigarettes or ___Packs
- ☐ Less than 1 cigarette a day
☐ I didn't smoke
☐ I don't know

24. How many cigarettes or packs of cigarettes do you smoke on an average day **now**?
- ___Cigarettes or ___Packs
- ☐ Less than 1 cigarette a day
☐ I don't smoke
☐ I don't know

25. a. During the **3 months before** you got pregnant, how many alcoholic drinks did you have in an average week?
(A drink is: One glass of wine.
One wine cooler.
One can or bottle of beer.
One shot of liquor.
One mixed drink.)
- ☐ I didn't drink then
☐ Less than 1 drink a week
☐ 1 to 3 drinks a week
☐ 4 to 6 drinks a week
☐ 7 to 13 drinks a week
☐ 14 or more drinks a week
☐ I don't know

- b. During the **3 months before** you got pregnant, how many times did you drink 5 or more alcoholic drinks at one sitting?
- ___Times
- ☐ I didn't drink then
☐ I don't know

26. a. During the ***last 3 months*** of your pregnancy, how many alcoholic drinks did you have in an average week?
- ☐ I didn't drink then
- ☐ Less than 1 drink a week
- ☐ 1-3 drinks a week
- ☐ 4-6 drinks a week
- ☐ 7-13 drinks a week
- ☐ 14 or more drinks a week
- ☐ I don't know

- b. During the ***last 3 months*** of your pregnancy, how many times did you drink 5 or more alcoholic drinks at one sitting?
- ___Times
- ☐ I didn't drink then
- ☐ I don't know

The next questions are about times you may have had to stay in the hospital while you were pregnant. Please DO NOT COUNT the time you went to the hospital to have your baby

27. ***Not counting*** the time you went to the hospital to have your baby, how many ***other*** times during your pregnancy did you go to into a hospital and stay ***at least one night***?
- ☐ None → **Go to Question 30**
- ☐ 1 time
- ☐ 2 times
- ☐ 3 times
- ☐ 4 times or more

28. What problems caused you to stay in the hospital?
Check all of the problems that you had.
- ☐ Labor pains more than 3 weeks before my due date (premature labor)
- ☐ High blood pressure (preeclampsia or toxemia)
- ☐ Vaginal bleeding or placenta problems
- ☐ Nausea, vomiting, or dehydration
- ☐ Kidney or bladder infection
- ☐ High blood sugar (diabetes)
- ☐ Other → Please tell us: _____

29. How many months pregnant were you the ***first*** time you had to go into a hospital and stay at least one night?
- ___Months

Pregnancy can be a difficult time for some women. The next questions are about some things that may have happened to you before and during your most recent pregnancy.

30. This question is about things that may have happened during the *12 months before you delivered your new baby*. This includes the months before you got pregnant. **For each thing, circle Y (Yes) if it happened to you or N (No) if it did not. It may help to use the calendar.**

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

The next questions are about physical abuse. Physical abuse means pushing, hitting, slapping, kicking, or any other way of physically hurting someone.

31. During the *12 months before you got pregnant* with your new baby, did any of these people physically abuse you?
Check all that apply

- ☐ My husband or partner
☐ A family or household member
other than my husband or partner
☐ A friend
☐ Someone else → Please tell us:

☐ No one physically abused me during the 12 months before I got pregnant

32. During your most recent pregnancy, did any of these people physically abuse you?
Check all that apply

- ☐ My husband or partner
☐ A family or household member
other than my husband or partner
☐ A friend
☐ Someone else → Please tell us:

☐ No one physically abused me during my pregnancy → **Go to Question 34**

33. During your most recent pregnancy, would you say that you were physically abused more often, less often, or about the same compared with the **12 months before** you got pregnant?
Check only one

- ☐ I was physically abuse **more often** during my pregnancy
☐ I was physically abused **less often** during my pregnancy
☐ I was physically abused **about the** same during my pregnancy.
☐ No one physically abused me during the **12 months before I got pregnant**

The next questions are about your labor and delivery.

34. When was your baby due?

____/____/____
month day year

35. When was your baby born?

____/____/____
month day year

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

____/____/____
month day year

- ☐ I did not have my baby in a hospital.

37. When you had your baby, how many nights did you stay in the hospital?

____Nights

- ☐ I did not stay overnight in the hospital
☐ I did not have my baby in a hospital

38. When your baby was born, how many nights did he or she stay in the hospital?

____Nights

- ☐ My baby did not stay overnight in the hospital
☐ My baby was not born in a hospital

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

- ☐ No
☐ Yes
☐ I don't know

40. How was your delivery paid for?
Check all that apply.

- ☐ Medicaid
- ☐ Personal income (cash, check, or credit card)
- ☐ Health Insurance
- ☐ PCAP (Prenatal Care Assistance Program)
- ☐ I still owe
- ☐ Other → Please tell us:

41. Is your baby alive now?

☐ No → When did your baby die?

____/____/____
month day year

☐ Yes → Is your baby living with you now?

- ☐ No
- ☐ Yes

If your baby is not alive or is not living with you now, go to Question 48 on Page 10.

42. For how many weeks did you breast-feed your new baby?

____ Weeks

- ☐ I didn't breast-feed my baby → **Go to question 44**
- ☐ I breast-fed less than 1 week → **Go to Questions 44**
- ☐ I'm still breast-feeding

43. How many weeks old was your baby the first time you fed him or her anything besides breast milk?
Include formula, baby food, juice, cow's milk or anything else.

____ Weeks

- ☐ My baby was less than 1 week old
I haven't fed my baby anything besides breast milk.

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

____ Hours

- ☐ My baby is never in the same room with someone who is smoking.

45. How do you put your new baby down to sleep *most* of the time?

Check one answer.

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

46. How many times has your baby been to a doctor or nurse for routine well baby care?
Don't count the times you took your baby for care when he or she was sick. It may help to use the calendar.

- ____ Times
☐ My baby hasn't been for routine well baby care → **Go to Question 48**

47. When your baby goes for routine well baby care, where do you take him or her?
Check all the places that you use.

- ☐ Hospital Clinic
☐ Health Department Clinic
☐ Private doctor's office
☐ Community Health Center
☐ Other → Please tell us:

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

48. Which rooms are in the house, trailer, or apartment where you live? **Check all that you have.**

- ☐ Bedrooms → how many? ____
☐ Living room
☐ Separate dining room
☐ Kitchen
☐ Bathroom(s)
☐ Recreation room, den, or family room
☐ Finished basement

49. How many people live in your house, apartment or trailer? **Count yourself.**

How many?

Babies, children, or teens aged 17 years or younger

Adults aged 18 years or older

50. What were the sources of your family income during the past 12 months?
Check all that apply.

- ☐ Money from a job or business
☐ Aid such as FA (formerly AFDC), Welfare, Public Assistance, General Assistance, Food Stamps, or SSI
☐ Unemployment benefits
☐ Child support or alimony
☐ Fees, rental income, commissions, interest, dividends
☐ Social Security, Workers' Compensation, Veterans benefits, or pensions
☐ Other → Please tell us:
-

51. What is today's date?

____/____/____
month day year

52. What is your date of birth?

____/____/____
month day year

If you did not go for prenatal care go to Question 54.

53. This question is about things that a doctor, nurse or other health care worker might have talked with you about when you went for prenatal care during your most recent pregnancy *For each thing, circle Y (Yes) if someone talked with you about it or N (No) if they did not.*

	No	Yes
a. Diseases or birth defects that can run in families.....	N	Y
b. How long to wait before having another baby.....	N	Y
c. Finding a doctor or nurse practitioner to care for your baby.....	N	Y
d. When your baby should go in for a health checkup.....	N	Y
e. Using a car safety seat for your baby.....	N	Y
f. Having a working smoke alarm in your home.....	N	Y

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

- ☐ No
☐ Yes
☐ I don't know

55. Are you or your husband or partner using any kind of birth control now?
Birth control means having your tubes tied, vasectomy, the pill, condoms, diaphragm, foam, rhythm, Norplant, shots (Depo-Provera), or ANY other way to keep from getting pregnant.

- ☐ No
☐ Yes → Go to Question 57

56. What are your reasons for not using any birth control 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 me to use birth control
☐ I don't think I can get pregnant
☐ I can't pay for birth control
☐ I am pregnant now
☐ Other → Please tell us:
-

57. During your most recent pregnancy or since your new baby was born, have you used any of these services? **For each service, circle Y (Yes) if you used the service or N (No) if you did not use it.**

	No	Yes
a. Parenting Classes.....	N	Y
b. Classes on how to stop smoking.....	N	Y
c. Visits to your home by a nurse or other health care worker.....	N	Y
d. Advice on how to obtain food (such as food pantries, soup kitchens).....	N	Y
e. Counseling about stress, family problems, or mental problems.....	N	Y
f. Help in obtaining transportation.....	N	Y
g. Help in getting housing.....	N	Y

If your baby is not alive or is not living with you now, go to Question 64 on Page 14.

58. After you delivered your baby and went home from the hospital, did you have to go back and stay at least one night for any kind of problem?

- ☐ No → **Go to Question 61**
☐ Yes

59. Why did you have to go back into the hospital?

- ☐ Vaginal bleeding
☐ Fever or infection
☐ Other → Please tell us:
-

60. How many weeks old was your baby the **first** time you had to go back to the hospital after your delivery and stay at least one night?

- ___ Weeks old
☐ Less than 1 week old

If you breast-fed your new baby, go to Question 62.

61. What were your reasons for not breast-feeding?

Check all that apply.

- ☐ I didn't want to breast-feed
☐ I had to go to work or school
☐ I think it's better for my baby to be bottle-fed
☐ It takes too much time to breast-feed
☐ I was taking medicine
☐ My baby was not with me
☐ Other → Please tell us
-

If your baby was not born in a hospital, go to Question 63.

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

	N	Y
a. Hospital staff gave me information about breast-feeding.....	N	Y
b. My baby stayed in the same room with me at the hospital.....	N	Y
c. I breast-fed my baby at the hospital.....	N	Y
d. Hospital staff helped me learn how to breast-feed.....	N	Y
e. My baby was fed only breast milk at the hospital.....	N	Y
f. Hospital staff told me to breast-feed whenever my baby wanted.....	N	Y
g. The hospital gave me a gift pack with formula.....	N	Y
h. The hospital gave me a telephone number to call for help about breast-feeding.....	N	Y

63. Listed below are some things about safety. **For each thing, circle Y (Yes) if it applies to you or N (No) if it does not apply to you**

	N	Y
a. My infant was brought home from the hospital in an infant care seat.....	N	Y
b. My baby always rides in an infant car seat.....	N	Y
c. My home has a working smoke alarm.	N	Y
d. There are loaded guns, rifles, or other firearms in my home.....	N	Y

64. During the *3 months before* your baby was born, did you do any of these things *4 or more times per week*?

	No	Yes
a. Exercise for at least 20 minutes at a time.....	N	Y
b. Stand for more than two hours at a time.....	N	Y
c. Climb two or more flights of stairs at a time.....	N	Y
d. Carry 20 pounds or more at a time.....	N	Y

65. How would you describe the time during your pregnancy?

Check the best answer.

- ☐ One of the happiest times of my life
- ☐ A happy time with few problems
- ☐ A moderately hard time
- ☐ A very hard time
- ☐ One of the worst times of my life

66. In the months after your delivery, would you say that that you were----

Check the best answer.

- ☐ Not depressed at all
- ☐ A little depressed
- ☐ Moderately depressed
- ☐ Very depressed
- ☐ Very depressed and had to get help

67. During the 12 months before your delivery, did any of these things happen to you?

For each thing, circle Y (Yes) if it happened to you or N (No) if it did not.

	N	Y
a. Your husband or partner verbally abused you.....	N	Y
b. Your husband or partner threatened to physically hurt you.....	N	Y

68. In the 12 months before your most recent delivery, what was your total family income *before taxes*?

Include your income, your husband or partner's income, or any other income you may have had. All information you give us will be kept private.

- ☐ \$ 7,999 or less
- ☐ \$ 8,000 - \$11,999
- ☐ \$12,000 - \$15,999
- ☐ \$16,000 - \$19,999
- ☐ \$20,000 - \$24,999
- ☐ \$25,000 - \$29,999
- ☐ \$30,000 - \$39,999
- ☐ \$40,000 or more

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

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



State of New York
George E. Pataki, Governor

Department of Health
Antonia C. Novello, M.D., M.P.H, Commissioner